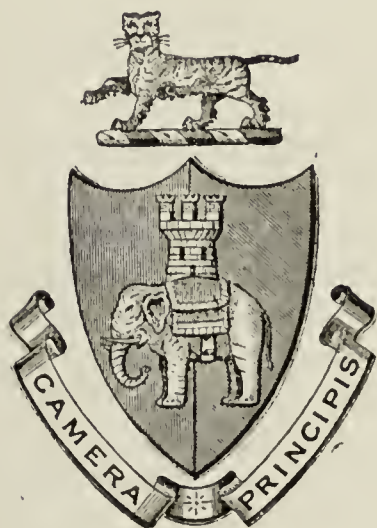






The Maternity Ward, Coventry and Warwickshire Hospital.

CITY OF COVENTRY.



# Annual Report

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... ON ...

## The Health of the City

... BY ...

E. H. SNELL, M.D., B.Sc., Lond.,

OF THE MIDDLE TEMPLE, BARRISTER-AT-LAW

*Diplomate in Public Health of the University of Cambridge; Fellow of the Royal Society of Edinburgh; Fellow of the Royal Sanitary Institute, the Royal Institute of Public Health, and of the Royal Society of Medicine;  
Ex-President of the Society of Medical Officers of Health;  
Member of the Royal College of Surgeons.*

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**1928.**

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Coventry :

CURTIS AND BEAMISH, LTD., PRINTERS, HERTFORD STREET.

## PUBLIC HEALTH COMMITTEE (AND MATERNITY AND CHILD WELFARE COMMITTEE)

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MR. COUNCILLOR T. E. FRISWELL, *Chairman.*  
 MR. COUNCILLOR W. IVENS, *Vice-Chairman.*  
 THE MAYOR (MR. ALDERMAN A. J. MAKEPEACE, J.P., L.D.S.)  
 THE DEPUTY MAYOR (MR. ALDERMAN F. LEE, J.P.)  
 MR. ALDERMAN T. A. B. SODEN, J.P., M.R.C.S.  
 MR. COUNCILLOR A. T. ADAMS.  
 MISS COUNCILLOR A. ARNOLD.  
 MR. COUNCILLOR H. S. ARMISHAW.  
 MR. COUNCILLOR J. C. LEE GORDON.  
 MR. COUNCILLOR T. HANCOX.  
 MR. COUNCILLOR J. R. HOLBROOK.  
 MRS. COUNCILLOR E. HUGHES.

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## HOSPITALS SUB-COMMITTEE.

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MR. COUNCILLOR T. E. FRISWELL, *Chairman.*  
 MR. COUNCILLOR W. IVENS, *Vice-Chairman.*  
 MR. ALDERMAN T. A. B. SODEN, J.P., M.R.C.S.  
 MR. COUNCILLOR A. T. ADAMS.  
 MR. COUNCILLOR H. S. ARMISHAW.  
 MISS COUNCILLOR A. ARNOLD.  
 MRS. COUNCILLOR E. HUGHES.

### CITY HOSPITAL OFFICERS.

Matron	-	-	-	-	-	MISS M. LESLIE.
Medical Superintendent	-	-	-	-	-	E. H. SNELL, M.D.

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## OFFENSIVE TRADES SUB-COMMITTEE.

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MR. COUNCILLOR T. E. FRISWELL, *Chairman.*  
 MR. COUNCILLOR W. IVENS, *Vice-Chairman.*  
 MISS COUNCILLOR A. ARNOLD.

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## ABATTOIR SUB-COMMITTEE.

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THE MAYOR (MR. ALDERMAN A. J. MAKEPEACE, J.P., L.D.S.)  
 MR. COUNCILLOR T. E. FRISWELL, *Chairman.*  
 MR. COUNCILLOR W. IVENS, *Vice-Chairman.*  
 MR. ALDERMAN SODEN, J.P., M.R.C.S.  
 MISS COUNCILLOR A. ARNOLD.  
 MR. COUNCILLOR T. HANCOX.



## UNFIT HOUSES SUB-COMMITTEE.

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 MR. COUNCILLOR W. IVENS, *Vice-Chairman*.  
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 MR. COUNCILLOR A. T. ADAMS.  
 MR. COUNCILLOR J. R. HOLBROOK.  
 MRS. COUNCILLOR E. HUGHES.

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## MENTAL DEFICIENCY ACT COMMITTEE.

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 MRS. COUNCILLOR E. THOMSON, *Vice-Chairman*.  
 MR. ALDERMAN A. H. BARNACLE, O.B.E.  
 MR. ALDERMAN W. H. BATCHELOR.  
 MISS COUNCILLOR A. ARNOLD.  
 MR. COUNCILLOR C. MCGOWRAN.  
 MR. COUNCILLOR C. PAYNE.

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## REPRESENTATIVES ON THE WARWICKSHIRE AND COVENTRY JOINT COMMITTEE FOR TUBERCULOSIS.

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THE MAYOR (MR. ALDERMAN A. J. MAKEPEACE, J.P., L.D.S.)  
 MR. ALDERMAN SODEN, J.P., M.R.C.S. (*Vice-Chairman of Joint Committee*).

MISS COUNCILLOR A. ARNOLD.  
 MR. COUNCILLOR H. H. CHESHIRE.  
 MR. COUNCILLOR O. M. FLINN.  
 MR. COUNCILLOR T. E. FRISWELL.  
 MR. COUNCILLOR LEE GORDON  
 MRS. COUNCILLOR E. HUGHES.  
 MR. COUNCILLOR W. H. MALCOLM.  
 MR. COUNCILLOR A. G. SAGE.  
 MR. COUNCILLOR A. TURNER.

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## REPRESENTATIVES ON THE GENERAL COMMITTEE OF THE COVENTRY AND WARWICKSHIRE HOSPITAL.

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MR. ALDERMAN T. A. B. SODEN, J.P., M.R.C.S.  
 MR. COUNCILLOR T. E. FRISWELL.

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## SMOKE ABATEMENT ADVISORY COUNCIL FOR THE MIDLANDS.

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MR. COUNCILLOR T. E. FRISWELL.

## PUBLIC HEALTH STAFF.

Medical Officer of Health	-	<sup>1</sup> E. H. SNELL, M.D., D.P.H.	
Deputy do.	do.	-	<sup>1</sup> A. J. B. GRIFFIN, M.B., B.CH., D.P.H. (Appointed 21st May, 1928).
Tuberculosis Officer	-	<sup>1</sup> J. MCG. WILLIAMS, M.D., D.P.H.	} Jointly for Coventry and Warwick- shire.
Assistant Tuberculosis Officers	-	-	
	-	<sup>1</sup> { R. J. CYRIAX, M.D. BRUX., D.P.H.	
	-	<sup>1</sup> { R. G. R. WEST, M.B., M.R.C.P., D.P.H.	
Medical Supt. (Memorial Sanatorium)	<sup>1</sup>	{ F. R. G. HEAF, B.A., M.D.	}
Asst. Medical Officer do.	<sup>1</sup>	{ M. GERBER, B.A., M.B., B.CH., B.A.O.	
Public Analysts	-	-	{ A. BOSTOCK HILL, M.D., D.P.H. } Part { W. T. RIGBY, F.I.C. } time.
Veterinary Inspector	-	-	WILLIAM DALE, M.R.C.V.S. (Part time).
Chief Sanitary Inspector	-	-	W. R. MARTIN.*
Deputy Chief Inspector	-	-	W. BEAUMONT.*
Sanitary Inspectors	-	-	{ Miss P. CHURCHILL.* { T. F. ROBERTS.*
Assistants	-	-	{ W. B. GRAHAM.*    (Resigned 30th June, 1928). { T. E. WILLMOTT.*    { H. ELLIS.x { H. LENTON.x { A. C. SAWORD.x (Appointed 11th April, 1928). { E. JOHNSON.x (Appointed 30th July, 1928).
Probationer	-	-	F. DUGGINS.
Supt. Health Visitor (z)	-	-	<sup>1</sup> Miss S. G. BARRATT.* † ‡ § a
Health Visitors	-	-	{ <sup>1</sup> Miss L. CURETON. § a * { <sup>1</sup> Miss R. WARD. § ¶ * { <sup>1</sup> Miss A. G. PUDGE. † § { <sup>1</sup> Miss E. R. SAUL.* § a { <sup>1</sup> Miss G. A. SAUL, B.A., Lond. † § { <sup>1</sup> Mrs. F. A. GEORGE. ¶ § { <sup>1</sup> Miss M. CONLON. ¶ § c { <sup>1</sup> Miss H. FORSTER. ¶ § c (Appointed 1st May, 1928). { <sup>1</sup> Miss E. BOULTON. § (Appointed 30th July, 1928).

*PUBLIC HEALTH STAFF—continued.*

Health Visitors' Assistants	{	Miss W. M. BROWN. Miss D. K. BOTTRILL.	(Appointed 12th March, 1928).
Tuberculosis Visitor (Jointly for Coventry and War- wickshire) - - -	{	<sup>1</sup> Mrs. A. SHAW. § ¶	
Statistical Clerk - - -		<sup>1</sup> J. H. GRANT. ‡	
Senior Clerk - - -		W. STORER.	
Junior Clerks - - -	{	Miss G. HARVEY. Miss D. G. JOHNSON. Miss E. W. ROGERS.	
Disinfector and Motor Driver		R. W. ELMORE.	

The Officers before whose names the mark <sup>1</sup> appears are those towards whose salaries a contribution has been made from Exchequer funds.

\* Inspector's Certificate of Royal Sanitary Institute.

‡ Inspector's Certificate of Sanitary Inspectors' Examination Board.

|| Certificate of Royal Sanitary Institute for Inspecting Meat and other foods.

æ Certificate of Royal Sanitary Institute and Sanitary Inspectors Joint Examination Board.

† Health Visitor's Certificate of Royal Sanitary Institute.

§ Certificate of Central Midwives Board.

¶ Three years general trained nurse.

*a* Certificate of Royal Sanitary Institute for Maternity and Child Welfare Workers.

*b* Certificate under the Board of Education (Health Visitors Training) Regulations, 1919.

*c* New certificate of Royal Sanitary Institute for Health Visitors under Memo 101/M.C.W.

(*z*) This officer holds from the Board of Guardians the post of Visitor under the Children Act, 1908.

*Coventry was constituted a separate County by Charter of Henry VI., 1451.*

*Incorporated with the County of Warwick, 1842.*

*Constituted a County Borough, 1888.*

*Extension of the City Boundary 1890 (1,486 to 3,093 acres).*

„ „ „ 1899 (3,093 to 4,147 acres).

„ „ „ 1928 (4,147 to 12,878 acres).

### **General Statistics.**

Area in acres	...	...	...	...	12,878
Population (Census, 1921)	...	...	...	...	128,157
Population (estimated, 1928)	...	...	...	...	168,134
Density of population (1928) per acre	...	...	...	...	13·0
Number of inhabited houses (1921)	28,355	...	(Dec., 1928)	38,474	
Average number of persons to each occupied house (mid. year)	4·3				
Rateable Value of City (Dec., 1928)	...	...	...	£790,906	
Sum represented by a penny rate (Dec., 1928)	...	...	...	£2,900	

### **Summary of Vital Statistics.**

The principal features of the vital statistics for the year are as follows :—

Estimated Population, 1928	...	...	...	168,134
Population used for statistical calculations	...	...	...	161,600
Birth Rate	...	...	...	14·4
Marriage Rate	...	...	...	16·5
Recorded Death Rate	..	...	..	9·6
Infantile Death Rate per 1,000 Births	...	...	...	65·7
Death Rate from principal Infectious Diseases	...	...	...	0·34
Respiratory Death Rate	...	...	...	1·38
Phthisis Death Rate	..	...	...	0·86
Death Rate from other forms of Tuberculosis	...	...	...	0·13
Death Rate from Cancer	...	...	...	1·23



# CITY OF COVENTRY.

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## Fifty-fourth Annual Report OF THE MEDICAL OFFICER OF HEALTH.

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To the Right Worshipful the Mayor, Aldermen  
and Councillors of the City of Coventry.

MR. MAYOR, LADIES, AND GENTLEMEN,

I have the honour of submitting to you the fifty-fourth Annual Report—the thirty-second that I have presented—concerning the vital statistics and general sanitary condition of your City.

A prominent feature of the vital statistics for the year is the low death rate—9.6 per 1,000 of the population. The death rate locally has been lower on two previous occasions only—in 1919 and 1923, and in 1924 the rate was the same as that for 1928. The average death rate in Coventry in the ten years 1918-27 was 10.3: the death rate for England and Wales in 1928 was 11.7.

The infant mortality rate of 65.7 per 1,000 births is low, although slightly higher than the figure for 1927. It compares with a rate of 65 in the country generally, and with an average of 70 in the 107 great towns.

The birth rate is again the lowest on our local records.

Following the extension of the boundary, negotiations were carried out with the Warwickshire Medical Officer of Health, the Tuberculosis Officer, and the Medical Officers of Health of the rural districts affected, and, as a result, cases of tuberculosis, of mental deficiency, of crippled children and of blindness were taken over on to our records. A guide to the new areas was prepared and supplied to medical men and midwives, as well as to the outdoor officers of the department. The staff of the department was increased by the addition of a Deputy Medical Officer of Health, one Assistant Sanitary Inspector, two Health Visitors, and one junior female clerk.

During the year two of the assistant inspectors—Messrs. Graham and Willmott—obtained their Meat Inspectors' Certificate. Later Mr. Graham resigned upon receiving an appointment at Croydon. Consideration was given to the salaries paid to the assistant inspectors, and an improvement was obtained which became operative early in 1929.

The increase of work in connection with mental deficiency is continuous and cumulative. The administrative work now involved in this service is of a specialised nature and has grown year by year. The question of institutional accommodation for mental defectives is a matter of growing importance. The organisation of an Occupational Centre for defectives was thoroughly examined during the year, but the numbers likely to avail themselves of it were too few to warrant any definite steps for the present.

An extensive and detailed survey of the results achieved by the financial assistance rendered to Blind Unemployable Persons was prepared in collaboration with the Secretary of the Coventry Society for the Blind and supplied to the Ministry of Health. The generosity of the public to the blind organisations is the one factor which keeps this service from being a much heavier charge on the rates. The Corporation's assistance provides about one quarter of the amount expended in assisting the unemployable blind persons in the City.

A notable step forward was taken during the year by the adoption of an improved and extended scheme for a Public Abattoir (*v. p.* 58). A Ministry of Health enquiry has since been held and sanction to a loan for the purchase of the site has been obtained.

As in the natural order of events this will be the last annual report for which I shall be responsible, it may be permitted to me to make a few general remarks concerning the matters dealt with. It is not possible to live and work in an official capacity in a City for 32 years, to have watched its population nearly trebled in that time, from 61,234 (in 1897) to 172,000 (in 1929), and to have been personally associated with so many of the efforts of its governing body for the welfare of the community, without regarding oneself in a way as an integral portion of the City itself.

There is one outstanding difference between the work of the practitioner of curative medicine and that of the practitioner of

preventive medicine. The results of the former are quickly to hand; successes may be mixed with failures, but the successes spell the preservation of a life, the saving of a limb, or the restoration of health to the stricken. In the latter field the results are further to seek; many seasons may have to wane before the results of community hygiene may be apparent; to the short memoried none will be apparent at all; many of the effects, for example, of the institution of a system of medical inspection of school children have slowly evolved; but the improvements effected in the general health of the school children have been there and have been great, although they cannot be measured by any mathematical standard.

Certain advances, however, are measurable. Length of life is measurable, and when the average span of life of a community is extended, success to that extent may be claimed by communal hygiene (of all sorts), including preventive medicine. Death rates are facts, and when the number dying per thousand is found to diminish, success again can reasonably be claimed.

The following table sets out a comparison between the principal vital statistics recorded in my first annual report for 1897 and those for the past year.

	1897	1928	
Population (estimated)	61,234	168,134	An increase of 174·5 per cent.
Birth Rate .. ..	31·3	14·4	A decrease of 54 per cent.
Death Rate .. ..	16·8	9·6	„ „ 42·8 per cent.
Infantile Mortality Rate	157·0	65·7	„ „ 58·1 per cent.
Phthisis Death Rate ..	1·12	0·86	„ „ 23·2 per cent.
Zymotic Death Rate ..	1·8	0·34	„ „ 81·1 per cent.
Proportion of Deaths of children under 5 years of age to total deaths	38·6%	14·6%	„ „ 62·1 per cent.
Proportion of Deaths over 65 years to total deaths.. ..	24·9%	32·6%	An increase of 30·9 per cent.
Mean Age at Death of deaths registered in the year .. ..	33·8 yrs.	46·6 yrs.	„ „ 12·8 years.



Some of the circumstances to which may perhaps be attributed the satisfactory vital statistics of Coventry are as under :—

- (1) The City is surrounded on all sides by open country, the nearest towns being Kenilworth (five miles) and Bedworth (six miles).
- (2) There is a veritable ring of common lands on its borders, including Stivichall Common (and Memorial Park), Hearsall Common, Radford Common, Stoke Heath, Barras Heath, Stoke Green and Whitley Common.
- (3) The smoke problem is almost non-existent. Probably few manufacturing towns of the size of Coventry can boast a purer atmosphere. This is partly owing to the facts that (a) a large proportion of the works are supplied with power from the Electricity Department; the manager of the Electricity Department informs me that all the factories in Coventry, with one exception, obtain power from his department; and (b) the great prevalence of the use of gas stoves for heating and cooking. The number of gas cookers fixed is about 40,000, and there are 14,000 gas fires in use (the number of dwelling houses is slightly over 38,000). During the late coal stoppage the local authorities Coal Officer stated that the number of applicants for coal permits on the ground of having no gas cooker was less than 100. There is also an increasing tendency towards the use of coke for heating and for hot water supplies.
- (4) The City is a water-closet City. On March 31st, 1928, only seven privies remained.
- (5) The ashpits similarly have been superseded. On March 31st there remained only 38 known ashpits, and a number of these were not actually in use.
- (6) The water supply has hitherto been adequate and has reached a high degree of purity. Monthly samples from all sources of supply are taken, and these are subjected both to chemical and bacteriological examination. The water comes from deep wells, and from river water (supplied from Birmingham).



- (7) As an artizan town in which employment may be said to have been fairly regular, the average standard of living can be described as good.
- (8) Approximately two-thirds of the houses have been built in the past 30 years, so that most of the City is modern and erected in accordance with modern byelaws.
- (9) The educational agencies represented by the system of medical inspection of school children, by the activities of Health Visitors, and by the Tuberculosis Scheme, having now been carried on for a number of years, may be expected to shew their influence in a general betterment of the health of the community.

## I. NATURAL AND SOCIAL CONDITIONS.

### POPULATION.

The estimated population of the City for mid 1928 was as follows :—

The City—as before the extension of boundary	142,000
The areas added at the extension ... ..	26,134
	<hr/>
	168,134
	<hr/>

As the extension came into force on April 1st, it has been necessary to calculate a population for the purpose of the vital statistics, which took into account the fact that for nine months of the year the City was larger than it had been during the first three months.

The figure so arrived at was 161,600, and throughout the tables in this report all rates have been calculated on this figure—not on the estimated population shewn.

(An estimate of the population of the City for mid-year 1928 was supplied by the Registrar General on 2nd May, 1929, and this figure was 161,100.)

### PHYSICAL FEATURES OF THE CITY AND DISTRICT.

This subject was dealt with at length in the report for 1919 (q.v.).

## Meteorology.

Meteorological observations are made daily at the City Hospital, and posted at St. Mary's Hall. Monthly records of them are forwarded to the Meteorological Department of the Air Ministry, and published by that Office in the monthly weather reports.

The relationship existing between the death rate and the temperature, and the humidity of the atmosphere, is graphically represented in the curves on the plate opposite page 17.

The summary of the meteorological observations taken during the year is given on page 17.

The highest temperature readings recorded during the year were :—In the shade,  $84.7^{\circ}$  F. on July 15th; one foot below the surface of the ground,  $65.4^{\circ}$  F. on 27th July; and four feet below the surface,  $58.8^{\circ}$  F. on August 23rd.

Freezing point or below was recorded in the screen on 33 days during the year, distributed as follows :—

January	6	October	1
February	5	November	3
March	6	December	9
April	3		

\*Rain fell on 181 days, and the total fall recorded in the year was 26.92 inches. This was 6.16 inches less than was recorded in 1927, and 0.82 inches above the average for the preceding thirty-six years.

The greatest fall in any twenty-four hours from 9 a.m. was 0.75 inches, and this amount was recorded on January 21st.

The daily records of rainfall are given on page 14.

The automatic rain gauge recorded 23.76 inches during the year.

On page 13 is given the total amount of bright sunshine recorded during each of the past twenty-two years by the two sunshine recorders in use; the Campbell Stokes instrument is the only one recognised by the Meteorological Office.

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\* A rain day is one upon which .01 ins. or more of rain falls.

Year.	Campbell-Stokes' Sunshine Recorder.	Jordan's Sunshine Recorder.
	Hours.	Hours.
1907	1354	1197
1908	1406	1220
1909	1478	1249
1910	1312	1104
1911	1555	1446
1912	1125	1094
1913	1169	1107
1914	1452	1315
1915	1463	1260
1916	1220	1121
1917	1326	1312
1918	1310	1310
1919	1321	1349
1920	1110	1183
1921	1530	1475
1922	1293	1120
1923	1260	1205
1924	1246	1225
1925	1261	1203
1926	1167	1094
1927	1107	1045
1928	1376	1245

A Meteorological Station has now existed at the City Hospital for thirty-seven years. The records give data for calculating the "mean" monthly temperatures over this period of time. They are as follows:—

January	... 38.8°	July	... 61.5°
February	... 39.6°	August	... 60.4°
March	... 42.2°	September	... 56.1°
April	... 46.8°	October	... 49.3°
May	... 53.1°	November	... 42.7°
June	... 58.1°	December	... 39.8°

The warmest day in the year was July 15th, and the coldest March 12th (*i.e.*, the days with the highest and lowest readings of the maximum thermometer).

## RAINFALL.

Date.	Jan.	Feb.	Mar.	April.	May	June.	July.	Aug.	Sept.	Oct.	Nov	Dec
	in.	in.	in.	in.	in	in.	in	in	in.	in.	in.	in
1	'67	..	'04	'12	'01	..	..	'01	..	..	'10	..
2	'14	'16	'17	'11	'01	..	'01	..	..	..	'07	..
3	'01	'02	..	'06	'06	..	..	..	..	..	'01	..
4	02	'21	..	'03	..	..	'24	..	..	..	'10	..
5	'16	'11	..	'11	..	'29	'02	..	'07	'12	..	..
6	..	'02	..	..	..	'68	..	..	..	'04	..	'01
7	'04	'02	..	'12	..	'22	..	'13	..	'08	..	..
8	..	'05	..	'01	..	'33	..	..	..	'18	..	..
9	'05	..	..	'01	..	'12	..	..	'02	'01	..	..
10	'13	'16	..	'08	..	'24	..	..	'04	'70	'15	..
11	'01	'16	'01	'44	..	..	..	..	..	'12	'30	'11
12	'15	'20	..	'47	..	'07	..	'10	..	..	'08	'01
13	..	..	..	'02	..	'59	..	'09	..	..	..	..
14	'10	'19	..	..	..	'05	..	..	..	'39	'50	..
15	'04	'09	..	..	'10	'04	..	..	..	..	'22	..
16	..	'09	'08	..	..	..	..	..	..	'05	'38	'24
17	'01	..	..	'02	09	'06	..	..	..	'09	..	..
18	'54	..	..	'04	..	'07	..	..	..	'30	'06	..
19	..	..	..	..	'04	'12	..	'37	..	'35	'07	'14
20	'12	'02	'17	'06	'04	..	..	'02	..	'05	'04	..
21	'75	..	'21	..	'01	06	..	'08	..	'04	'37	..
22	..	..	'06	..	'04	..	..	'38	..	'15	'27	'14
23	'29	..	'11	'01	'10	..	..	..	'01	'13	'25	..
24	'02	..	'01	..	..	..	..	..	'08	..	'27	'13
25	'10	..	..	..	..	'05	..	..	..	..	'12	'08
26	'16	..	..	..	'01	'45	..	'24	..	'49	'22	..
27	'04	..	..	'06	..	'01	..	'17	'11	'37	'01	'34
28	'33	..	'14	..	..	'01	..	'07	'30	..	..	'19
29	'08	'30	'35	..	..	'24	'09	'06	'02	'09	'06	'07
30	'02	..	'24	'01	..	..	'37	..	..	'05	..	'42
31	'14	..	'05	..	..	..	'74	..	..	..	..	'05
Totals	4'12	1'80	1'64	1'78	'51	3'70	1'47	1'72	'65	3'80	3'65	2'01
No. of Rain Days.	25	15	13	18	11	19	6	12	8	20	21	13

Total Rainfall for Year = 26'92 inches.

No. of Rain Days 181.



## RAINFALL AT DIFFERENT LOCAL STATIONS, 1928.

				City Hospital.	Pumping Station, Whitley.
January	..	..	..	4'12	3'73
February	..	..	..	1'80	1'79
March	..	..	..	1'64	1'73
April..	..	..	..	1'78	1'72
May ..	..	..	..	'51	'55
June ..	..	..	..	3'70	3'53
July ..	..	..	..	1'47	1'82
August	..	..	..	1'72	1'55
September	..	..	..	'65	'78
October	..	..	..	3'80	3'43
November	..	..	..	3'65	3'33
December	..	..	..	2'08	2'04
Total	..	..	..	26'92	26'00

For the record of rainfall at Whitley I am indebted to the courtesy of the City Engineer.

The monthly amounts of rain registered at the City Hospital are given on page 16, together with the corresponding tables for the previous twenty years.

Records concerning the purity of the atmosphere are dealt with under "Smoke Abatement" on page 50.

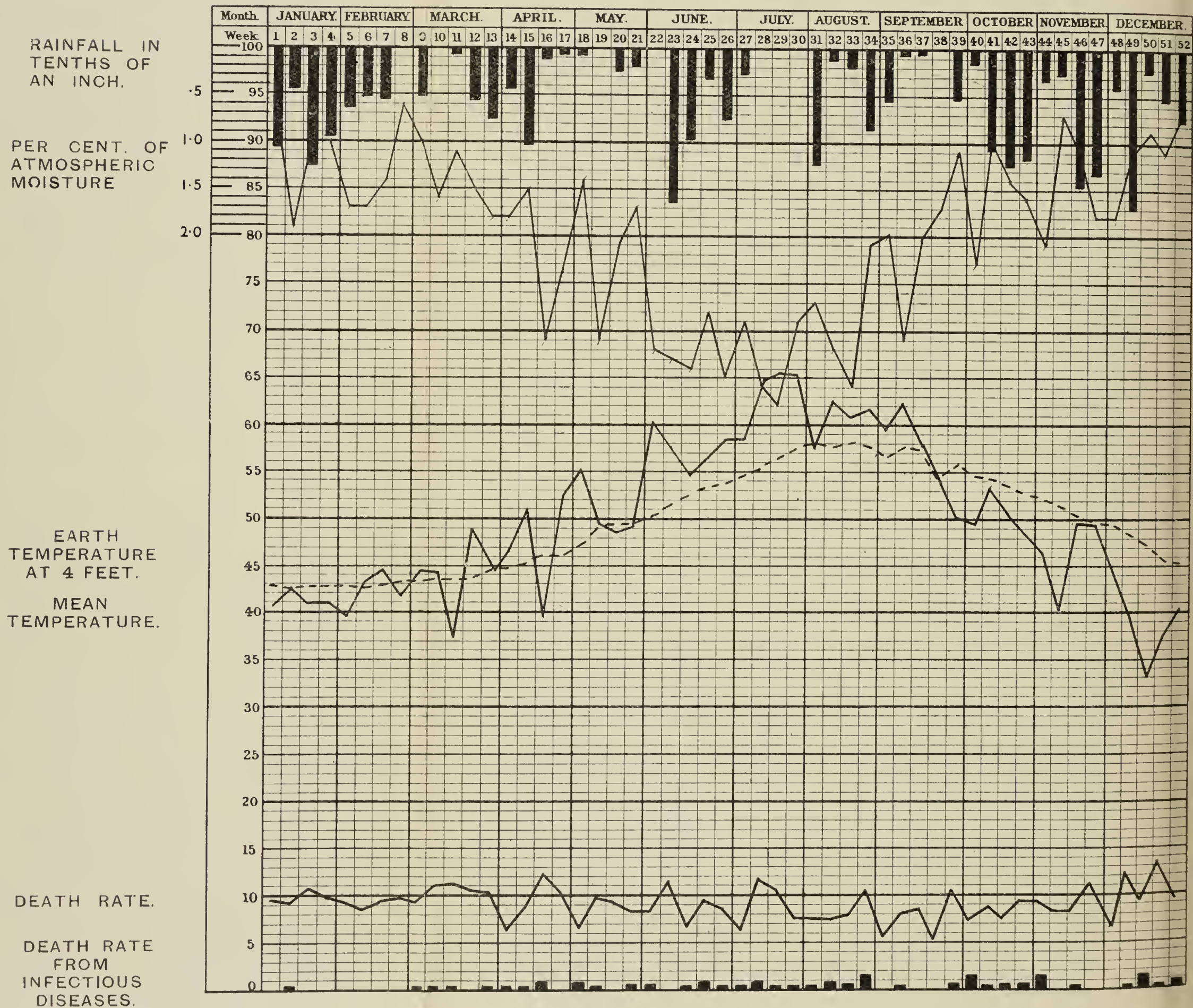
	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Jan...	.685	1.27	2.38	.88	4.67	3.94	1.00	2.57	1.320	1.984	2.400	4.64	2.60	2.37	3.03	1.71	2.57	1.57	3.34	2.53	4.12
Feb...	.905	.75	2.49	1.69	1.63	.86	1.57	3.22	3.664	1.234	1.420	2.92	.83	.14	2.70	4.02	0.75	2.60	2.50	2.55	1.80
March	2.635	3.05	.80	2.01	3.39	3.73	2.52	.88	4.060	1.524	.960	3.82	2.57	1.20	2.03	1.99	0.82	0.68	0.66	2.42	1.64
April	3.655	1.43	1.87	.84	.33	4.11	1.48	.99	1.074	1.320	2.590	1.93	4.17	1.78	2.72	1.82	3.58	1.79	2.34	1.93	1.78
May	2.235	1.55	2.30	.82	3.63	2.33	1.18	2.23	2.288	2.650	1.680	.81	2.09	1.55	.84	1.55	4.74	3.35	3.56	1.43	0.51
June	1.490	3.05	1.25	1.84	4.77	.81	2.40	.65	1.570	3.600	1.000	1.07	2.93	.39	.66	.36	1.82	0.06	1.46	3.83	3.70
July..	2.435	3.49	2.81	.15	3.20	1.01	2.12	6.35	1.490	2.140	3.700	3.00	3.90	.36	6.61	3.28	2.90	3.49	1.88	2.16	1.47
Aug.	3.155	1.91	4.04	1.62	6.22	.56	1.60	2.10	3.840	4.584	1.390	2.41	1.34	3.29	4.73	2.12	2.57	1.96	2.66	4.22	1.72
Sept..	1.450	2.36	.77	1.68	.99	1.68	.72	.79	0.700	1.470	4.304	2.00	2.22	.97	2.05	2.75	3.05	3.49	1.39	4.24	0.65
Oct...	1.230	3.75	2.24	2.61	2.56	3.15	2.02	1.88	2.730	3.050	1.364	2.21	1.83	1.91	.47	3.15	4.24	3.34	2.26	1.78	3.80
Nov.	1.185	.61	4.49	2.63	1.75	3.02	3.00	2.47	3.000	0.850	1.640	1.57	.64	1.92	1.10	1.49	2.26	1.69	5.00	2.84	3.65
Dec.	2.040	3.43	4.13	4.60	3.88	1.15	5.55	5.06	2.740	0.980	2.800	3.66	2.49	1.56	2.79	3.25	2.66	2.41	0.61	3.15	2.08
Totals	23.100	26.65	29.57	21.37	37.02	26.35	25.16	29.19	28.476	25.386	25.248	30.04	27.61	17.44	29.73	27.49	31.96	26.43	27.66	33.08	26.92





# CITY OF COVENTRY, 1928.

CHART ILLUSTRATING THE RELATION BETWEEN THE DEATH RATES  
AND PRINCIPAL METEOROLOGICAL CONDITIONS.





The cistern of the barometer is situated 326 feet above sea level.

[illegible]

## SOCIAL CONDITIONS.

This subject was dealt with at length in the Report for 1919 (*q.v.*).

### **Occupations.**

The chief occupations of the inhabitants of the City are in connection with the following industries :—The manufacture of motor cars, motor cycles, and cycles; aeroplanes and aero engines, general engineering and machine tool-making; the manufacture of artificial silk, silk-weaving and general textiles; printing, watch manufacture, and the making of electrical, telephone, and wireless equipment, and magnetos; stamping and press-working, and the manufacture of various motor components, including chains, wheels, rims, tyres, recording instruments, etc., and of petrol engines, motor bodies and parts.

Details of the occupations of all persons in the City at the Census of 1921 are shown in my Annual Report for 1923, page 18 *et seq.*

### **Occupational Influence on Health.**

This influence is mainly that of the factory; with the exception of sand-blasting, grinding, and possibly paint spraying, none of the occupations can be described as being specially injurious. The principal influence is that of factory work in general in contradistinction to more open-air employment.

## Vital Statistics.

Year.	Houses Inhabited. (December)	Vacant.	Popula- tion. (Mid-year)	Mortality.	Infections Mortality.	Deaths under one year per 1000 born.	Birth Rate.
1377	...	...	7,000	...	...	...	...
1586	...	...	6,502	...	...	...	...
1643	...	...	9,500	...	...	...	...
1694	...	...	6,711	...	...	...	...
1723	1,934	...	...	...	...	...	...
1748	2,066	...	12,817	32?	...	...	35?
1801	2,930	...	16,034	...	...	...	...
1811	3,448	*60	17,923	...	...	...	...
1821	3,729	*114	21,448	...	...	...	...
1831	5,444	*421	27,298	...	...	...	...
1841	6,531	*590	31,032	...	...	...	...
Ten Years' Average.							
1851	7,783	*151	36,812	27	...	...	...
1861	8,991	*1,026	40,936	25	...	...	...
1871	8,535	*816	37,670	22	...	...	...
1881	9,223	*643	42,111	20	3.3	150	35.4
1891	11,496	*284	52,724	18.5	1.7	142	32.0
1901	15,571	353	69,978	16.96	1.9	153.7	29.8
1911	23,515	95	106,349	13.7	1.4	109.3	28.0
1921	28,355	502†	128,157	11.3	0.7	83.6	23.2
1897	†12,440	73	61,234	16.8	1.8	157	31.3
1911	23,515	95	107,287	13.3	2.08	109.8	26.9
1912	24,590	50	111,166	11.9	1.35	76.1	26.4
1913	25,051	113	115,064	11.4	0.84	91.6	26.0
1914	25,860	99	119,003	11.7	0.70	84.6	26.9
1915	26,667	56	122,982	12.9	1.39	87.8	23.8
1916	27,366	12	127,089	10.9	1.23	87.5	23.5
1917	27,531	15	130,000	10.4	0.47	78.5	20.2
1918	27,735	25	133,000	14.6	0.42	92.5	20.7
1919	27,829	20	136,000	9.3	0.32	82.8	18.2
1920	27,973	48	130,000	9.8	0.35	76.0	25.0
1921	28,355	502†	128,157	10.2	0.25	79.3	22.1
1922	28,661	72	129,000	10.6	0.34	70.4	18.9
1923	29,414	40	130,500	9.3	0.20	64.9	16.9
1924	29,685	90	132,000	9.6	0.19	79.4	16.0
1925	30,199	83	133,500	10.6	0.30	77.1	16.3
1926	31,034	111	135,000	9.7	0.15	68.9	15.7
1927	32,260	151	139,000	10.2	0.23	63.4	14.8
1928	38,474	175	168,134 §	9.6	0.34	65.7	14.4

\* This number includes all business offices, whether in dwelling houses or factories, if not occupied on the night the Census was taken.

† This number omits all business offices, factories, etc.

‡ The Census returns shew 502 unoccupied "dwellings"—not houses.

§ The population used for the calculation of the vital statistics was 161,600.



TABLE I.—VITAL STATISTICS OF CITY DURING 1928 AND PREVIOUS YEARS.

YEAR.	Population estimated to middle of each year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE CITY.		TRANSFERABLE DEATHS.†		NETT DEATHS BELONGING TO THE CITY.			
		Un-corrected Number.	Nett.		Number.*	Rate.	of Non-residents registered in the City.‡	of Residents not registered in the City.‡	Under 1 Year of Age.		At all Ages.	
			Number.†	Rate.					Number.*	Rate per 1,000 Nett Births	Number.*	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1924	132,000	2144	2113	16.0	1324	10.0	106	57	168	79.5	1275	9.6
1925	133,500	2222	2178	16.3	1455	10.9	107	69	168	77.1	1417	10.6
1926	135,000	2205	2116	15.7	1362	10.0	108	59	146	68.9	1313	9.7
1927	139,000	2147	2065	14.8	1442	10.4	107	83	131	63.4	1418	10.2
1928	168,134*	2388	2327	14.4	1565	9.6	80	81	153	65.7	1566	9.6

Area of District in acres (land and inland water) 4,147.  
(After boundary extension 12,878).

Total population at all ages .. .. 128,157  
Total families or separate occupiers 30,324

At Census of 1921.

\* For statistical purposes a population of 161,600 has been used.



## NOTES TO TABLE I.

This Table is arranged to show the gross births and deaths registered in the district during the calendar year and the births and deaths properly belonging to it with the corresponding rates. The rates are calculated per 1,000 of the estimated gross population as stated in Column 2.\* In a district in which large public institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

\* For 1928 all rates have been calculated on a population of 161,600—not on the estimated population shewn.

\* In Column 6 are included the whole of the deaths registered during the calendar year as having actually occurred within the district.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1 included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

† The Medical Officer of Health has from the returns made to him by the local Registrar of Deaths, as well as from the quarterly lists furnished by the Registrar-General, to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths are included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

‡ “Transferable Deaths” are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, *e.g.*, casuals, are not included in Columns 8 or 9, except in certain instances under 3 (*b*) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of “non-residents” which are to be deducted, and will state in Column 9 the number of deaths of “residents” registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) have been regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement have been referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence have been referred (*a*) to the district of residence, under the general rule; (*b*) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (*c*) failing this, to the district where death occurred, if known; and (*d*) failing this, to the district where the body was found.

## Vital Statistics of the Wards.

It has been impossible this year to prepare the table hitherto given shewing for each Ward of the City the estimated population, the birth rate, death rate, infant mortality rate, and a ten year's average of such rates, etc., owing to the radical alteration which took place on April 1st in the names, numbers and extent of the wards.

From that date the City was constituted into fifteen wards as against the former twelve. Figures are available shewing the number of births, deaths and infant deaths in the twelve wards for three months and in the fifteen wards for nine months, but no useful table can be made of them nor do they provide any basis of comparison.

The existing fifteen wards are as follows :—

Name.		Acreage.		Estimated population
All Saints'	...	151	...	12,648
Bablake	...	824	...	11,520
Cheylesmore	...	947	...	11,366
Earlsdon	...	1,814	...	9,624
Foleshill	...	271	...	10,387
Grey Friars	...	606	...	12,266
Harnall	...	213	...	12,119
Hill Fields	...	149	...	12,440
Longford	...	1,033	...	10,104
Radford	...	329	...	8,283
St. Mary's	...	938	...	11,734
St. Paul's	...	1,201	...	11,679
Upper Stoke	...	251	...	11,918
Lower Stoke	...	389	...	12,633
Westwood	...	3,755	...	9,413

## Marriages.

The number of marriages has been 1,336. This gives a marriage rate of 16.5.

The average for the previous ten years was 16.9.

The following table shows the relation with the figures of previous years, and with the marriage rate for the country generally :—

Year.	No. of Marriages.	Rate.	Rate for England and Wales.
1910	886	17.4	14.8
1911	938	17.4	15.2
1912	959	17.2	15.5
1913	1026	17.8	15.5
1914	1091	18.2	15.9
1915	1282	20.8	19.3
1916	1184	18.6	15.4
1917	1155	17.7	13.8
1918	1237	18.6	15.3
1919	1236	18.1	19.7
1920	1342	19.1	20.1
1921	1047	16.3	16.9
1922	948	14.7	15.8
1923	995	15.2	15.2
1924	1159	17.5	15.3
1925	1173	17.5	15.2
1926	1103	16.3	14.3
1927	1124	16.2	15.7
1928	1336	16.5	15.3

### Births.

There were 2,388 births registered as having taken place during the year within the City; 98 of these were transferred out, and 37 occurring elsewhere were transferred here, leaving 2,327. The birth rate for the year has been 14.4 per 1,000 of the estimated population. The average rate for the previous ten years was 18.2. There were 79 illegitimate births registered, or 3.3 per cent. of the total. In 1927 the percentage was 4.1, and in 1926, 2.6.

The birth rate is compared with that for the whole of England and Wales in the following table :—

Year.	No. of Births.	Birth Rate.	Rate for England and Wales.
1910	2674	26.2	24.8
1911	2886	26.9	24.4
1912	2943	26.4	23.8
1913	2999	26.0	23.9
1914	3203	26.9	23.8
1915	2936	23.8	21.8
1916	2993	23.5	21.6
1917	2635	20.2	17.7
1918	2766	20.7	17.7
1919	2486	18.2	18.5
1920	3250	23.2	25.4
1921	2836	22.1	22.4
1922	2442	18.9	20.6
1923	2217	16.9	19.7
1924	2113	16.0	18.8
1925	2178	16.3	18.3
1926	2116	15.7	17.8
1927	2065	14.8	16.7
1928	2327	14.4	16.7



## Deaths.

There have been 1,565 deaths registered as having taken place during the year within your City; of these, 80 were deaths of non-residents; these have been referred to the districts in which the persons ordinarily resided; and there were 81 deaths of residents which occurred elsewhere; these have to be added to the above number. The actual number of deaths, therefore, which has to be regarded in estimating the death rate is 1,566. This gives a recorded death rate of 9.6 per thousand of the population.

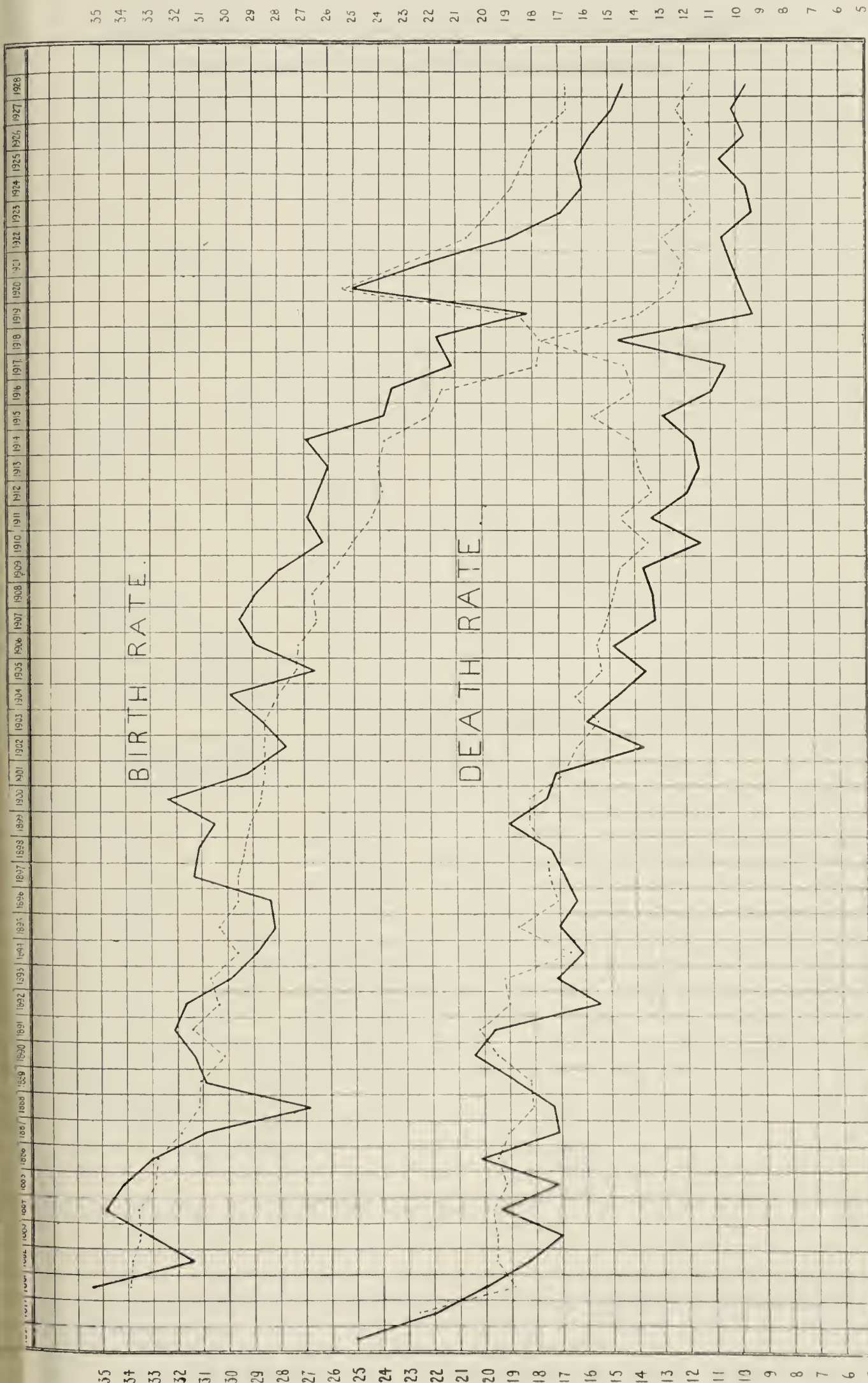
The death rate for the 107 great towns (including London) was 11.6; for the 156 smaller towns it was 10.6, and for London it was 11.6. The rate for England and Wales was 11.7.

The following table shows the mean age at death of the persons who died in the past thirty-four years :—

Year.	Total Deaths.	Total completed Years Lived.	Mean Age at Death.
1928	1566	72992	46.6
1927	1418	68500	48.3
1926	1313	63462	48.3
1925	1417	59988	42.3
1924	1275	57285	44.9
1923	1217	56032	46.0
1922	1377	62548	45.4
1921	1309	55921	42.7
1920	1272	51289	40.3
1919	1267	51753	40.8
1918	1947	81116	41.6
1917	1354	56414	41.6
1916	1395	49973	35.8
1915	1595	59807	37.5
1914	1399	55635	39.7
1913	1318	48110	36.5
1912	1330	49040	36.8
1911	1431	50873	35.4
1910	1162	44595	38.3
1909	1285	46589	36.2
1908	1217	45744	37.5
1907	1152	42072	36.5
1906	1247	45236	36.2
1905	1114	41866	38.0
1904	1132	39623	35.0
1903	1188	43270	36.4
1902	1007	36743	36.4
1901	1203	39709	33.0
1900	1223	42687	34.5
1899	1182	40156	36.5
1898	1060	29858	28.1
1897	1037	35045	33.8
1896	965	33544	34.7
1895	953	33486	35.1

In compiling this table only completed years have been regarded; otherwise the mean age at death would have been fractionally higher.



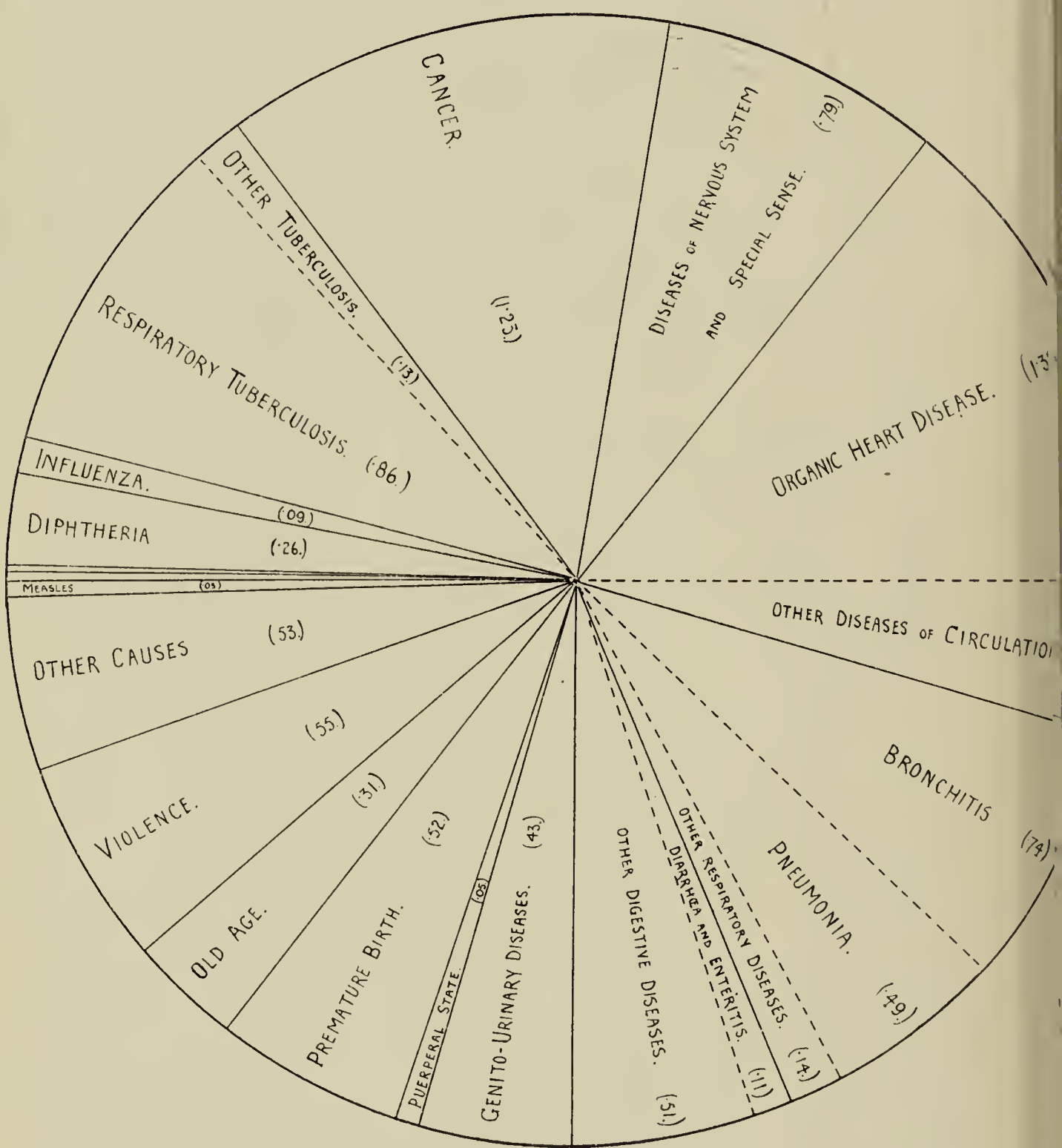


Decennial  
Average.

The black lines represent the rates for Coventry.

The dotted lines represent the rates for England and Wales.

# PROPORTIONS OF DEATHS FROM PRINCIPAL CAUSES TO TOTAL DEATHS, 1928.



THE TOTAL DEATH RATE FROM ALL CAUSES WAS 9.6.

TABLE III.—CAUSES OF, AND AGES AT DEATH DURING YEAR 1928.

CAUSES OF DEATH.				Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the City.								Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the City.	Registrar Generals Figures.	
				All ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.			65 and upwards.
1				2	3	4	5	6	7	8	9	10	11	12
All causes	Certified	..	..	1559	153	27	50	72	72	208	467	510	632	1572
	Uncertified	..	..	7	..	..	..	..	..	3	3	1	..	..
1. Enteric Fever	..	..	..	1	..	..	..	..	..	..	..	1	..	1
2. Small Pox	..	..	..	..	..	..	..	..	..	..	..	..	..	1
3. Measles	..	..	..	6	2	2	2	..	..	..	..	..	..	6
4. Scarlet Fever	..	..	..	2	..	..	..	2	..	..	..	..	2	2
5. Whooping Cough	..	..	..	4	1	2	..	1	..	..	..	..	..	4
6. Diphtheria	..	..	..	42	..	2	12	25	1	1	1	..	28	42
7. Influenza	..	..	..	15	1	..	..	..	..	5	4	5	2	18
8. Encephalitis Lethargica	..	..	..	11	..	..	1	1	3	..	5	1	7	11
9. Meningococcal Meningitis	..	..	..	1	1	..	..	..	..	..	..	..	..	1
10. Tuberculosis of respiratory system	..	..	..	140	..	..	..	5	25	59	46	5	36	141
11. Other Tuberculous Diseases	..	..	..	21	3	6	3	4	1	4	..	..	20	22
12. Cancer, malignant disease	..	..	..	200	..	..	..	4	2	16	111	67	57	204
13. Rheumatic Fever	..	..	..	6	..	..	..	1	1	1	2	1	4	2
14. Diabetes	..	..	..	6	..	..	..	1	1	..	3	1	2	8
15. Cerebral Hæmorrhage, etc.	..	..	..	63	..	..	..	..	..	2	24	37	14	67
16. Heart Disease	..	..	..	236	1	..	..	2	4	21	64	144	99	290
17. Arterio-Sclerosis	..	..	..	52	..	..	..	..	..	1	16	35	6	51
18. Bronchitis	..	..	..	120	11	1	2	..	1	4	30	71	45	76
19. Pneumonia (all forms)	..	..	..	80	14	6	10	2	4	13	18	13	26	88
20. Other Respiratory diseases	..	..	..	23	..	..	2	..	2	3	5	11	5	17
21. Ulcer of Stomach or Duodenum	..	..	..	17	..	..	..	..	..	5	10	2	16	14
22. Diarrhœa, etc.	..	..	..	18	10	2	1	1	..	3	1	..	9	19
23. Appendicitis	..	..	..	14	..	..	..	1	1	8	3	1	18	12
24. Cirrhosis of Liver	..	..	..	7	..	..	..	..	..	..	4	3	1	6
25. Acute and Chronic Nephritis	..	..	..	44	..	..	..	1	1	3	29	10	13	41
26. Puerperal Sepsis	..	..	..	2	..	..	..	..	1	1	..	..	7	2
27. Other accidents and diseases of Pregnancy and Parturition	..	..	..	9	..	..	..	..	1	8	..	..	5	9
28. Congenital Debility and Malformation, including Premature Birth	..	..	..	98	97	..	..	1	..	..	..	..	37	93
29. Suicide	..	..	..	24	..	..	..	..	2	5	13	4	3	24
30. Other Deaths from Violence	..	..	..	65	3	2	5	7	15	12	14	7	56	66
31. Other Defined Diseases	..	..	..	236	9	4	12	12	6	36	66	91	113	234
32. Causes ill-defined or unknown	..	..	..	3	..	..	..	1	..	..	1	1	1	..
TOTALS				1566	153	27	50	72	72	211	470	511	632	1572



### NOTES TO TABLE III

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The classification and numbering of Causes of Death are those of the "Short List" as agreed upon by the International Commission held at Paris in 1920.

- (a) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the district who have died outside it, are *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the district, are in like manner *excluded* from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.

The total deaths in column 2 of Table III. equal the figures for the year in column 12 of Table I.

- (b) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are entered in the last column of Table III.
- (c) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified"; all other deaths are regarded as "Uncertified."
- (d) Title 22 is used for deaths from Diarrhœa and Enteritis at all ages. (It may be observed however that deaths from Diarrhœa and Enteritis are considered Infectious Deaths only when they occur under the age of 2 years).

The classification now adopted is in accordance with that used by the Registrar General, and certain additional causes included are those which in recent years have received the special attention of Public Health and Medical Authorities.



CAUSE OF DEATH.			Decennial Comparison.															
			Under 1 Day.	1-2 Days.	2-3 Days.	3-4 Days.	4-5 Days.	5-6 Days.	Total under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
All Causes.	Certified	Uncertified	27	10	11	8	3	6	65	19	6	2	92	19	14	15	13	153
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of Nervous System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of Intestines and Peritoneum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Respiratory Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Inflammation of Stomach	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea and Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hernia: Intestinal Obstruction	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	...	...	2	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
Congenital Debility and Sclerema	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Icterus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	19	9	10	4	1	4	...	...	...	...	...	...	...	...	...	...
Diseases of Umbilicus	...	...	4	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation in Bed and not stated	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL, ALL CAUSES			206	247	225	172	144	168	168	146	131	153						

NOTES TO TABLE IV.

The total deaths here shewn (153) equal the total in column 3 of Table III., and the total in column 10 of Table I. The relations between this Table and Table III., and also between the two Tables III. and IV., and the Extended Schedule of Deaths, are now clear and straightforward; and the headings in the smaller tables, of themselves explain the classifications in the Extended List they refer to.

## Infantile Mortality.

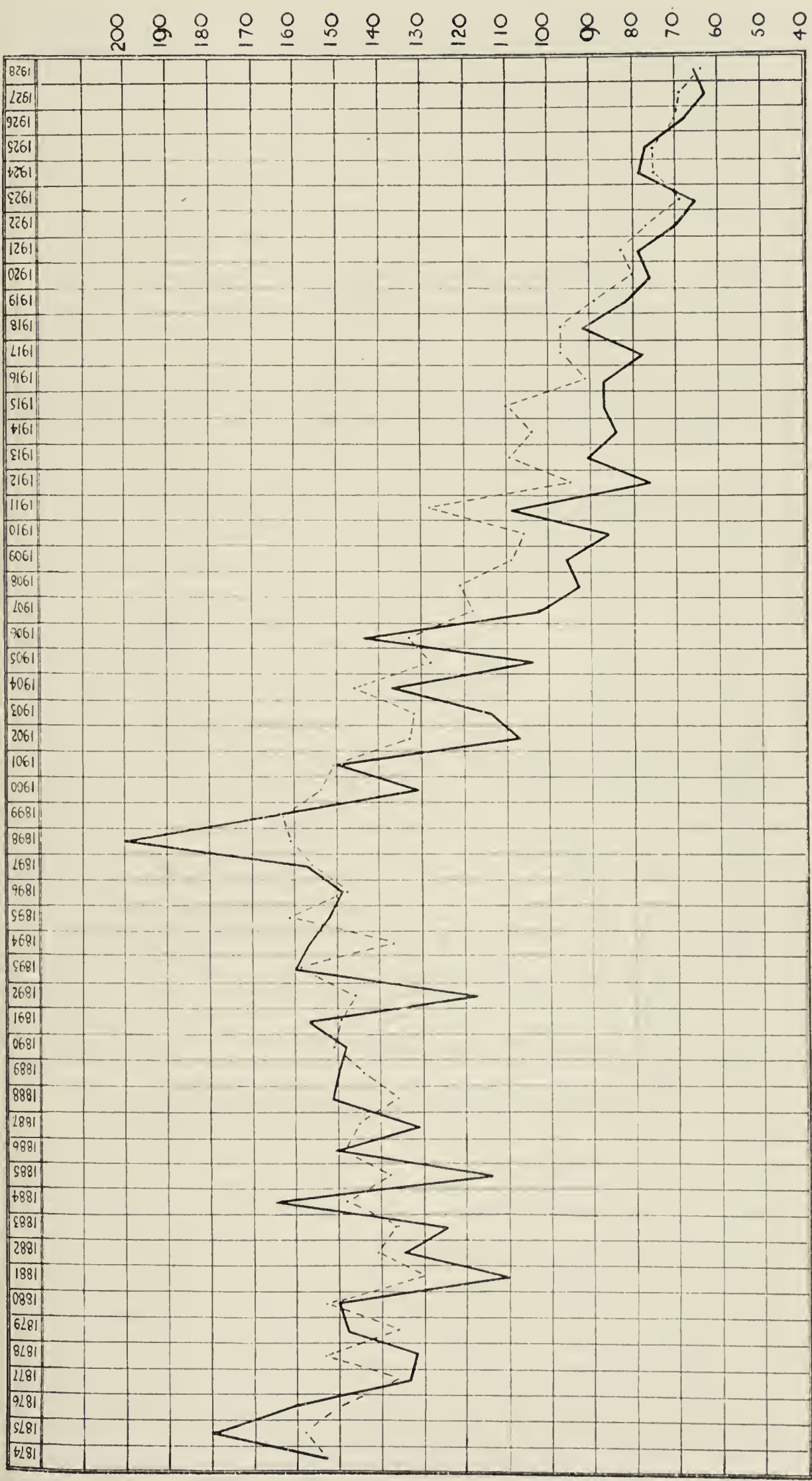
There were 153 deaths of Infants below one year of age, giving a mortality per thousand births of 65.7. The average mortality for the previous ten years was 75.4.

The following table shows, for the past thirty-five years, the number of deaths of children under one year of age per thousand births in Coventry compared with England and Wales generally :—

Year. (1)	England and Wales. (2)	COVENTRY.		
		Death-rate. (3)	*Neo-natal death-rate. (4)	Difference. (5)
1894	137	157	—	—
1895	161	152	—	—
1896	148	149	—	—
1897	156	157	—	—
1898	161	200	—	—
1899	163	164	—	—
1900	154	131	—	—
1901	151	150	—	—
1902	133	107	—	—
1903	132	114	—	—
1904	146	137	—	—
1905	128	104	39.9	64.1
1906	133	144	40.1	103.9
1907	118	102	51.7	50.3
1908	121	93	36.1	56.9
1909	109	96	40.3	55.7
1910	106	86	40.7	45.3
1911	128	109	41.9	67.1
1912	95	76	36.0	40.0
1913	109	91.6	40.6	51.0
1914	104.8	84.6	36.5	48.1
1915	110.0	87.8	38.4	49.4
1916	91.0	87.5	37.4	50.1
1917	97.0	78.5	36.8	41.7
1918	97.0	92.5	37.5	55.0
1919	89.0	82.8	47.0	35.8
1920	80.0	76.0	36.6	39.4
1921	83.0	79.3	41.2	38.1
1922	77.0	70.4	32.7	37.7
1923	69.0	64.9	32.9	32.0
1924	75.0	79.4	36.9	42.5
1925	75.0	77.1	34.9	42.2
1926	70.0	68.9	38.7	30.2
1927	69.0	63.4	37.3	26.1
1928	65.0	65.7	39.5	26.2

\* By neo-natal death rate is meant the death rate among infants under four weeks of age. These infants include those over whom the activities of a Sanitary Authority can have little effect. The difference between that rate and the infant mortality rate represents the rate in children over four weeks and under one year.

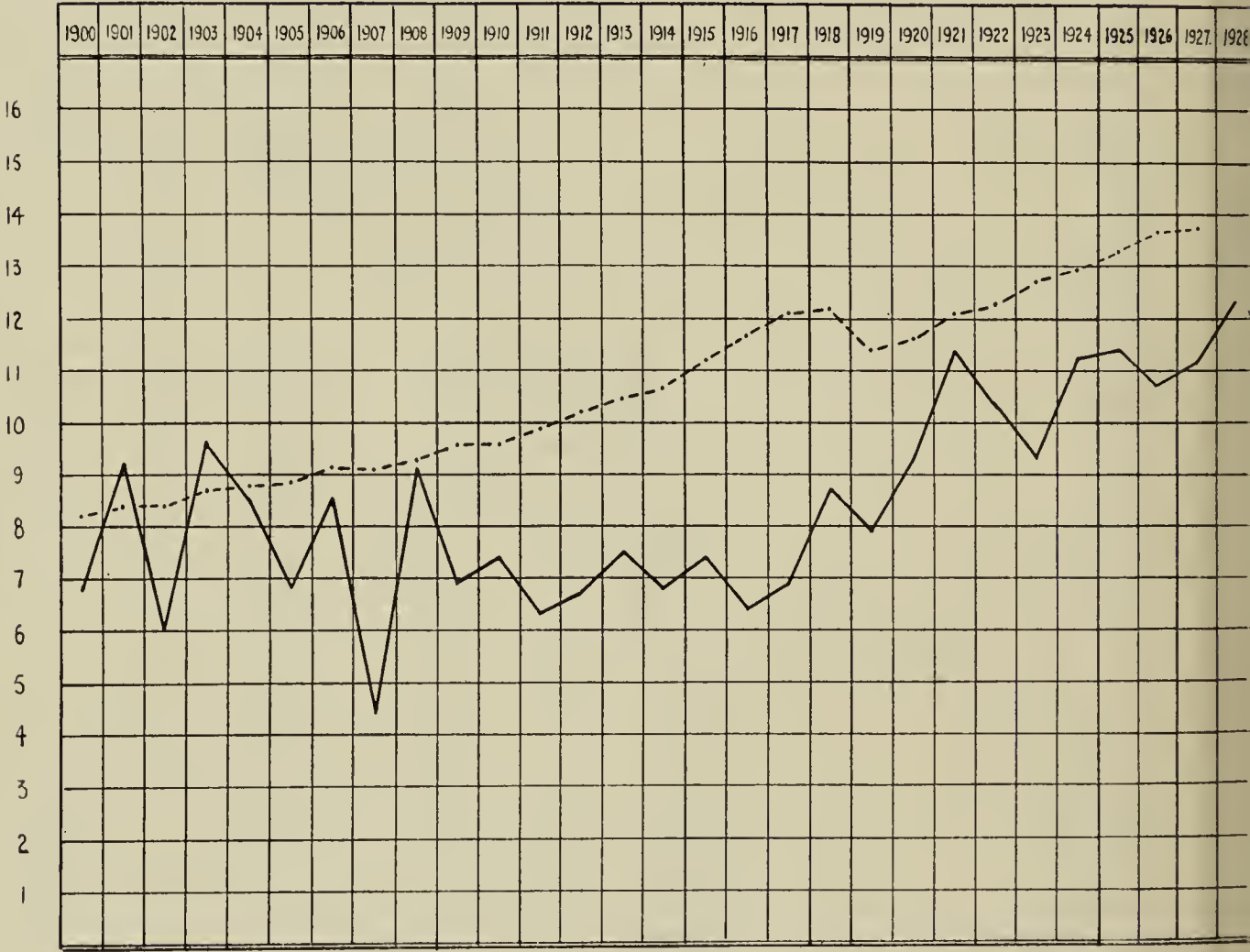
BIRTHS IN COVENTRY SINCE 1874.



The black line represents Coventry's Infantile Mortality. The dotted line represents the Infantile Mortality in England and Wales.



CHART SHOWING MORTALITY FROM CANCER PER 10,000 OF THE POPULATION OF THE CITY FROM 1900.



The dotted line represents the rate for England and Wales.



Nett Births in the year	{	Legitimate ... 2,255	}	2,327
		Illegitimate ... 72		
Nett Deaths in the year	{	Legitimate ... 142	}	153
		Illegitimate ... 11		

The infantile mortality of the 107 great towns (including London) was 70; that of the 156 smaller towns, 59; and that in England and Wales, 65.

### Cancer.

From the following tables some idea will be gathered of the mortality from this disease in the City.

CANCER—DEATHS AT DIFFERENT AGES IN PAST 10 YEARS  
AND IN 1928.

	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	Decennial.		1928
											Total.	Mean.	
0—1	1	..	1	..	1	..	..	..	..	..	3	·3	..
1—2	..	..	..	..	..	..	..	..	..	..	..	..	..
2—5	..	..	..	..	..	1	..	..	1	..	2	·2	..
5—10	..	..	..	..	1	..	1	..	..	..	2	·2	1
10—15	1	..	..	..	..	1	..	1	..	..	3	·3	3
15—20	..	..	1	..	..	..	1	..	..	1	3	·3	1
20—25	..	..	..	1	1	..	..	2	1	1	6	·6	1
25—35	4	2	1	2	2	1	1	3	2	5	23	2·3	4
35—45	8	15	7	8	14	5	9	8	6	10	90	9·0	12
45—55	29	30	25	41	26	26	29	35	29	26	296	29·6	42
55—60	16	16	25	19	20	14	23	31	27	20	211	21·1	36
60—65	16	17	14	26	26	26	30	18	28	24	225	22·5	33
65—75	27	17	33	35	31	38	41	41	35	48	346	34·6	46
75—85	12	11	15	14	13	8	12	14	15	20	134	13·4	18
85 & over	2	..	..	..	..	3	1	..	1	1	8	·8	3
	116	108	122	146	135	123	148	153	145	156	1352	135·2	200
DeathRate	0·87	0·79	0·87	1·13	1·04	0·94	1·12	1·14	1·07	1·12		1·01	1·23

CANCER.—DEATHS ANALYSED ACCORDING TO PARTS AFFECTED.

	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	10 Years Average.	1928
Cancer (total number)...	116	108	122	146	135	123	148	153	145	156	135·2	200
Cancer of Buccal Cavity	5	9	13	17	10	6	14	13	11	8	10·6	23
Cancer of the Stomach, Liver, etc. ...	38	27	39	45	48	38	40	48	42	39	40·4	51
Cancer of Peritoneum, Intestines, Rectum	26	22	24	29	25	33	29	32	37	37	29·4	40
Cancer of Female Genital Organs ...	16	17	17	22	15	20	19	17	21	14	17·8	24
Cancer of the Breast ...	10	11	9	10	16	8	16	15	11	14	12·0	23
Cancer of the Skin ...	1	0	2	1	1	3	2	2	1	..	1·3	..
Cancer of other or un- specified organs ...	20	22	18	22	20	15	28	26	22	44	23·7	39

It may be observed that the death rate from cancer has been increasing for some years. The chief (and perhaps the only) explanation of this lies in the fact that the average age at death is now higher than it was, so that the causes of death are those which operate in later life. Cancer only rarely affects children. Some Medical Statisticians have expressed the view that over and above this apparent increase there is a slight real increase in the tendency to the occurrence of cancer. Also it has to be borne in mind that the diagnosis of cancerous conditions may perhaps be more accurate than it formerly was.

So far the best cure for cancer is early operation. Though latterly some surprisingly good results have been obtained by the use of radium when the growth has occurred in accessible situations.

The following is a copy of a leaflet which we distribute locally :—

#### “ WHAT OUGHT TO BE KNOWN ABOUT CANCER.

1. In England and Wales 54,078 people died in the year 1927 from Cancer.
2. There is every reason to believe that many of the patients could have been cured if the disease had been discovered early and the right treatment adopted.
3. Treatment by drugs, taken by the mouth, or applied externally, at present offers no prospect of cure.
4. In its earliest stages cancer is confined to one spot and rarely gives rise to pain, or a feeling of ill-health; nevertheless, there is usually evidence that there is something amiss; for example—
  - (a) A lump in an unusual situation.
  - (b) Bleeding or discharge from unwonted parts of the body.
 This early stage is the favourable one for the immediate treatment of cancer.
5. If a lump is found in the breast of a woman, medical opinion should at once be sought. Many such lumps are cancer.
6. Cancer of the womb may occur at any age over 25, but most frequently between the ages of 40 and 60. It causes bleeding and discharge, and is rarely painful in its early stages.
7. Any bleeding from the womb, however slight, after the change of life, almost always means cancer.
8. When any irregular bleeding or bloodstained discharge occurs at the change of life, a doctor should be consulted. Often it means that cancer is present.
9. For any abnormal enlargement within the abdomen, the doctor should be consulted, because such enlargement, apart from pregnancy, may be due to tumours which, although usually simple, are sometimes cancerous.
10. Any wart or sore occurring on the lip, especially in men over forty, is likely to be cancer. Early removal means cure; neglect spells death.

11. An unhealed sore or lump on the tongue, especially in men, should be regarded with suspicion. Many of these are cancers.
12. Irritation of the tongue, or inside of the cheek, by broken or jagged teeth or tooth plates, must be avoided. - The lower lip is often irritated by smoking a pipe with a rough or hot stem. This irritation may end in cancer.
13. Sores, cracks, ulcers or lacerations which refuse to heal, and moles which tend to spread, all demand careful medical investigation. Such troubles are often the starting-points of cancerous growths, and their treatment by salves or ointment is only a waste of time.
14. Persistent indigestion, obstinate constipation or bleeding from the bowel, commencing in middle life, always demand investigation.
15. Frequently the patient thinks bleeding from the bowel is due to piles, but too often the real cause is cancer of the rectum."

### Diabetes.

The publicity which has attended the use of Insulin for the treatment of this disease may make the following table of some interest :—

	Deaths from Diabetes.		
	Total.	Males.	Females.
1920	8	3	5
1921	14	4	10
1922	14	10	4
1923	10	5	5
1924	15	6	9
1925	14	6	8
1926	13	4	9
1927	9	3	6
1928	6	2	4
	103	43	60

### Inquests.

One hundred and twenty-five inquests appear to have been held during the year, including 20 enquiries into the deaths of non-residents. In 47 instances the death was attributable to disease. In others the originating causes, as indicated by the verdicts, were as follows :—Suicide, 23 (gas poisoning, 8; cutting throat, 5; hanging, 4; taking poison, 3; drowning, 3); motor or cycle accident, 27; accidental fall, 9; accidental drowning, 3; murder, 1; burns and scalds, 6; overlain, 3; electric shock, 2; accidental poisoning, 1; lift accident, 1; lead poisoning, 1; death under anæsthetic, 1.



### Uncertified Deaths.

There were 7 uncertified deaths during the year, or 0.44 per cent. of the total number. Deaths are recorded as uncertified when no medical certificate is forthcoming concerning the cause of death, and when no inquest has been held.

				Percentages of Total Deaths Uncertified.
England and Wales	...	...	...	1.0
107 Great Towns (including London)	...	...	...	0.6
156 Smaller Towns	...	...	...	1.2
London	...	...	...	0.0

### Poor Law Relief.

Mr. Evans, the Clerk to the Guardians, has kindly supplied me with the following figures relating to this subject:—

				£	s.	d.
Actual expenditure in out-door relief in 1928	...	...	...	20,198	19	11
Average yearly expenditure in out-door relief in previous five years	...	...	...	27,824	0	8
Decrease on the average expenditure in out- door relief	...	...	...	7,625	0	9
Number of inmates of London Road Institution at end of year 1928	...	...	...	...	...	538
Average number of inmates for previous five years	...	...	...	...	...	481
Number of persons who received out-door relief in 1928	...	...	...	...	...	2,208
Average number of persons who received out-door relief in previous five years	...	...	...	...	...	4,104

The cost of out-door relief has increased by £604 in the past twelve months, as compared with 1927, and is equal to about a sevenpenny rate. The number of people receiving such relief shews an increase during the year of 193.

### Medical Relief.

During the twelve months ended December 31st, 1928, the number of in-patients treated at the Coventry and Warwickshire Hospital was 4,800, with a daily average number of 260.

The total number of new cases dealt with by the Coventry District Nursing Association during the year was 656. A small part of the City is provided with nurses by the Foleshill Nursing Association.

### **Pauper Sickness.**

Returns are received from the Clerk to the Guardians each fortnight concerning the new cases of pauper sickness. In all, 647 such cases have been returned. These returns afford an indication of the amount and locality of illness among the poorest.

## **II. SANITARY CIRCUMSTANCES.**

### **WATER.**

Information concerning the sources of the public water supply was fully set out in the Annual Report for 1925 (*q.v.*).

Your Water Manager kindly informs me that, during the twelve months, 1,547,547,000 gallons of water have been supplied from the public sources; of this, 359,410,537 gallons were supplied from Spon End, and 620,770,000 gallons from Shustoke, whilst 308,317,930 gallons have been supplied from Whitley, these being the main sources of supply.

Of the total amount it is estimated that 1,430,120,000 gallons were used in the City; a daily average of 3,907,434 gallons, or 23.24 gallons per head per day.

He also informs me that within the City 402 new services have been laid on to build and supply 1,156 houses and 48 other buildings; guarantees have been received for 1,342 houses and 117 various completed buildings, in which are included 1,934 water-closets and 1,362 new baths.

The scheme of development of the water undertaking under the powers conferred by the Coventry Corporation Act, 1928, is now in hand and boring operations have commenced.

During the year 60 samples of water for chemical analysis and bacteriological examination were obtained from the various sources of the public supply. The results of the chemical analyses are given in the following tables:—

## Results of Analyses expressed in parts per 100,000.

## SHUSTOKE.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1928.										
Jan. 17	0.0040	0.0092	2.4	0.08	0.066	35.4	13.5	9.5	23.0	Satisfactory
Feb. 15	0.0064	0.0184	2.4	0.10	0.080	38.2	13.0	11.0	24.0	Do. Albuminoid am
Mar. 14	0.0016	0.0032	2.4	0.05	0.070	36.8	22.5	10.0	12.5	Do. [rath
April 24	0.0024	0.0082	2.2	0.08	0.052	31.6	12.0	10.0	22.0	Do.
May 12	0.0026	0.0096	2.3	0.08	0.059	31.0	11.0	10.5	21.5	Do.
June 13	0.0016	0.0084	2.2	0.060	0.063	34.0	9.0	12.0	21.0	Do.
July 2	0.0076	0.0082	2.2	0.010	0.044	32.0	9.5	11.0	20.5	Do.
Aug. 2	0.0020	0.0070	2.4	0.072	0.032	31.6	10.0	9.0	19.0	Do.
Sept. 7	0.0020	0.0074	2.4	0.06	0.036	31.2	8.0	10.0	18.0	Do.
Oct. 15	0.0008	0.0072	2.3	0.04	0.031	30.2	8.0	8.5	16.5	Do.
Nov. 9	0.0004	0.0076	2.2	0.04	0.028	31.8	8.0	10.0	18.0	Do.
Dec. 7	0.0012	0.0058	2.3	0.06	0.051	30.6	7.0	10.0	17.0	Do.

## "NORTH WARWICKSHIRE" WATER SUPPLY.

(This water is also used for districts outside the City within the Corporation area of supply).

1928.										
Jan. 17	0.0032	0.0032	2.2	0.05	0.004	43.2	14.5	17.0	31.5	Satisfactory
Feb. 15	0.0032	0.0040	2.3	0.06	0.007	45.0	15.0	16.5	31.5	Do.
Mar. 14	0.0012	0.0020	2.2	Trace	0.007	42.6	16.0	15.5	31.5	Do.
April 24	0.0016	0.0084	2.8	...	0.008	42.2	14.5	17.5	32.0	Do.
May 12	0.0032	0.0060	2.8	Trace	0.004	43.8	16.5	20.0	36.5	Do.
June 13	Trace	0.0028	2.4	...	0.007	46.0	14.0	18.5	32.5	Do.
July 2	Trace	0.0036	2.1	0.003	0.004	40.8	14.5	18.0	32.5	Do.
Aug. 2	0.0008	0.0082	2.2	0.020	0.004	45.6	14.0	17.5	31.5	Do.
Sept. 7	Trace	0.0024	1.9	Trace	0.004	42.6	14.5	18.0	32.5	Do.
Oct. 15	Trace	0.0054	2.0	0.032	0.004	43.0	13.5	18.5	32.0	Do.
Nov. 9	0.0004	0.0040	2.1	0.04	0.004	41.4	12.5	17.5	30.0	Do.
Dec. 7	0.0008	0.0032	2.3	Trace	0.004	38.4	13.5	18.0	31.5	Do.

## DOEBANK WELL, SPON END.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1928.										
Jan. 17	0.0072	0.0024	2.2	0.06	0.007	49.0	12.5	18.0	30.5	Satisfactory
Feb. 15	0.0040	0.0040	2.2	0.08	0.004	52.2	13.0	17.5	30.5	Do.
Mar. 14	0.0012	0.0040	2.4	0.11	0.007	47.6	15.0	15.5	30.5	Do.
April 24	0.0016	0.0044	2.3	0.06	0.004	50.2	14.5	16.0	30.5	Do.
May 12	0.0016	0.0016	2.2	0.08	0.004	50.4	15.0	16.0	31.0	Do.
June 13	0.0012	0.0024	2.4	0.060	0.007	49.8	14.0	17.5	31.5	Do.
July 2	0.0028	0.0048	2.3	0.112	0.008	48.6	12.5	18.5	31.0	Do.
Aug. 1	0.0030	0.0036	2.4	0.064	0.020	46.8	12.0	17.5	29.5	Do.
Sept. 7	0.0024	0.0054	2.3	0.08	0.004	48.8	14.5	16.5	31.0	Do.
Oct. 15	0.0008	0.0036	2.1	0.068	0.004	47.6	15.0	15.5	30.5	Do.
Nov. 9	0.0006	0.0082	2.3	0.14	0.024	46.0	14.0	16.0	30.0	Do.
Dec. 7	0.0012	0.0024	2.1	0.04	0.004	51.2	14.0	16.5	30.5	Do.



## TANK, SPON END.

	Free and Saline Ammonia.	Organic Ammonia	Chlorine in Chlorides	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
7	0.0024	0.0040	2.1	0.16	0.007	52.4	15.5	16.5	32.0	Satisfactory
5	0.0032	0.0052	2.4	0.10	0.007	52.8	16.0	16.5	32.5	Do.
4	0.0008	0.0028	2.3	0.10	0.015	52.2	16.0	16.5	32.5	Do.
4	0.0012	0.0016	2.3	0.09	0.004	50.0	15.0	17.0	32.0	Do.
2	0.0008	0.0016	2.3	0.14	0.011	49.0	16.5	17.0	33.5	Do.
3	0.0016	0.0032	2.4	0.140	0.019	56.2	15.0	19.0	34.0	Do.
2	0.0008	0.0028	2.3	0.180	0.012	52.8	16.0	19.5	35.5	This sample contained the larvae of a fly which had the appearance of a small worm
2	0.0020	0.0080	2.3	0.10	0.004	50.2	16.5	17.0	33.5	Satisfactory
7	0.0012	0.0036	2.2	0.11	0.008	49.6	15.0	17.0	32.0	Do.
5	0.0020	0.0066	2.2	0.112	0.015	48.6	16.0	16.5	32.5	Do.
3	0.0004	0.0048	2.0	0.14	0.004	50.6	15.0	16.5	31.5	Do.
7	0.0024	0.0040	2.3	0.13	0.011	51.6	15.0	17.0	32.0	Do.

## WHITLEY.

7	0.0040	0.0056	4.0	0.30	0.004	72.8	21.0	22.5	43.5	Satisfactory
5	0.0040	0.0024	4.1	0.24	0.007	71.8	21.0	23.0	44.0	Do.
4	0.0008	0.0016	4.2	0.15	0.004	74.6	19.5	23.5	43.0	Do.
2	0.0020	0.0036	4.1	0.17	0.004	72.2	19.5	24.0	43.5	Do.
2	0.0016	0.0066	4.2	0.14	0.004	70.2	21.5	23.0	44.5	Do.
3	0.0008	0.0074	4.2	0.152	0.007	73.2	20.0	24.0	44.0	Do.
2	Trace	0.0064	4.1	0.200	0.004	74.6	20.0	23.0	43.0	Do.
2	0.0008	0.0052	4.1	0.128	0.008	71.6	21.5	22.5	44.0	Do.
2	0.0008	0.0056	4.1	0.18	0.012	72.2	20.5	24.0	44.5	Do.
2	Trace	0.0050	4.1	0.140	0.008	73.0	20.0	23.5	43.5	Do.
2	0.0004	0.0040	4.3	0.22	0.004	72.4	20.0	22.0	42.0	Do.
2	0.0008	0.0036	4.2	0.16	0.008	68.8	18.5	21.5	40.0	Do.

## RIVERS AND STREAMS.

The small stream known as the River Sherbourne is polluted. It could scarcely be otherwise, when in bye-gone days it probably fulfilled the function of the main sewer for the City. Surface drainage is the only form of drainage which is knowingly allowed to enter it now during its course through the City.

Under the direction of the City Engineer, the course of this stream through the City is periodically cleaned; and schemes for the prevention of flooding in the low-lying portions of the City have been prepared, and recently adopted by the Council. These include certain improvements in the course of the stream.

## DRAINAGE AND SEWERAGE.

The original sewage works for the City were at Whitley, but these are now used as storm-water works only. The Baginton sewage farm was inaugurated in 1901, and the sewage

is pumped up to the farm from the Whitley pumping station. At first broad-irrigation was the sole method in use, but during 1913-1920 twelve bacteria beds were constructed, and in 1925 a bio-aeration (or “activated sludge”) plant was installed. The dry-weather flow to Baginton of about  $5\frac{1}{2}$  million gallons daily is at present treated as follows:—By broad-irrigation,  $2\frac{1}{2}$  millions; by the bacteria beds,  $1\frac{1}{2}$  millions; by activated sludge plant,  $1\frac{1}{2}$  millions.

The new sewage disposal scheme which the Corporation have submitted to the Ministry of Health, will make some fundamental changes in the arrangements. A new sewage disposal site has been acquired at Finham, to which the sewage can be led by gravitation through a new main outfall sewer commencing at Whitley. The site will be equipped with 20 bacteria beds. When the new scheme is completed, land treatment of sewage at Baginton will be entirely discontinued, though sewage will continue to be pumped to Baginton up to the capacity of the bacteria beds and the activated sludge plant there. The remainder of the sewage which the Sherbourne valley sewer discharges will be directed to Finham for purification, the sludge being subsequently pumped from Finham to Baginton for “sludge digestion” treatment.

Certain small sewage works, viz., at Canley and Stoke, came into the City on the recent extension of the Boundary, while a portion of a small area of the City drains into the Sewage Works of the Foleshill Rural District Council.

#### CLOSET ACCOMMODATION.

	December, 1927.	December, 1928, including the added area.	
Total number of water closets in houses, institutions, schools, factories, and workshops in the City ... ..	37,176	43,864	These figures must be regarded as ap- proximate only
Number of privy middens ... ..	7	136	
Number of pail-closets ... ..	16	321	
Number of privies and pail closets con- verted into water closets during the last ten years ... ..	12	—	

#### SCAVENGING.

The use of removable galvanised iron dustbins is practically general for the home storage of refuse at the 38,649 houses in

the City. Approximately 35,136 of these are in use at the present time, and there remain about 133 fixed ashpits.

During the year ending December 31st, 1928, 32,299 tons of refuse were collected and consumed at the Refuse Destructor, or tipped.

Prior to 1910 the house refuse of the City was got rid of by tipping. This insanitary method then ceased on the opening of a Refuse Destructor. Latterly, for some years, that Destructor has been insufficient to meet the growing needs of the City and refuse has again had to be tipped in gradually increasing quantities.

It became necessary either to enlarge the Destructor or to increase its efficiency; the latter course was adopted, and in November last a Refuse Utilization Plant was opened by which it was anticipated that the Destructor would be capable of dealing with  $33\frac{1}{3}$  per cent. more refuse per day. The maximum amount of refuse dealt with per day is now about 130 tons, and the new plant is said to be capable of dealing with 25 tons per hour.

#### SANITARY INSPECTION OF DISTRICT.

That portion of the work of the Health Department connected with nuisances in and around dwellings can best be set out in tabular form. The figures in relation to these matters for the year are as follows :—

DRAINAGE AND PAVEMENT.	1927.	1928.
Drains opened and cleansed from obstruction	313	384
Drains provided with efficient traps ...	13	19
New Drains, inspection and intercepting chambers provided ...	30	40
Drains relaid ...	32	28
Sink drains disconnected from sewer ...	1	3
Soil pipes and ventilating shafts provided or improved ...	8	6
Rain-water pipes disconnected from the sewer ...	3	4
Courts and back yards paved and repaired	39	29
DWELLINGS.		
Floors of dwellings relaid or repaired ...	100	82
Dilapidated walls and ceilings repaired ...	298	234
Damp walls—damp courses inserted ...	23	5
Roofs repaired and made weatherproof ...	264	374
Dangerous stairs repaired ...	20	19



DWELLINGS— <i>continued.</i>		1927.	1928.
Additional windows provided and others repaired and made to open	...	117	183
Defective spouts repaired	...	168	119
Pantry ventilation improved	...	3	3
Houses provided with food stores	...	2	2
New sinks provided	...	14	15
New waste pipes provided and others repaired	...	17	24
Foul cellars cleansed and defects in drains remedied	...	22	5
Houses limewashed and cleansed	..	227	223
Houses cleansed after infectious disease	...	117	185
Cases of overcrowding remedied	...	10	11
WATER CLOSETS AND URINALS.			
Additional water closets provided	...	29	48
Water closets reconstructed	...	55	18
Water closets repaired and limewashed	...	112	158
Water closets provided with new basins and traps	...	80	118
Water closet pans replaced with pedestals	...	38	48
Defective joints in flush pipes repaired	...	43	42
Foul W.C. basins and traps cleansed	...	50	127
Defective W.C. cisterns repaired	...	84	132
New flushing cisterns provided	...	97	95
Urinals cleansed and reconstructed	...	12	8
Urinals abolished	...	13	3
PRIVIES, ASHPITS AND DUSTBINS.			
Offensive privies and pail closets converted into W.C.'s	...	2	2
Offensive privies and pail closets abolished	...	...	...
New W.C.'s erected in place of above	...	...	...
Offensive ashpits abolished	...	1	11
Sanitary dustbins provided in place of above	...	5	26
Other houses provided with sanitary dustbins	...	676	668
VARIOUS.			
Smoke nuisances dealt with	...	46	28
Nuisances from animals kept, abated	...	39	45
Offensive accumulations removed	...	155	144
Courts and back yards cleansed by tenants	...	55	74
Gipsy tents and caravans removed	...	24	23
Water supply—additional taps provided	...	24	34
Miscellaneous	...	391	595
Totals		<u>3,872</u>	<u>4,444</u>

So far as the work is capable of tabulation, the number of visits and other work involved is shown in the following table :—

	1927	1928.
Number of visits to premises ... ..	25,871	29,910
Number of informal notices issued respecting nuisances ... ..	2,021	2,358
Number of letters issued ... ..	3,013	3,775
Number of cleansing notices (statutory) issued	225	217
Number of statutory notices issued respecting nuisances ... ..	21	43
Number of nuisances remaining unabated ...	14	12
Number of summonses issued for non-compliance with notice to abate nuisance ...	1	1
Number of registered premises under supervision (not including workshops) ... ..	473	591
Number of visits paid to registered premises	3,503	4,393
Number of visits <i>re</i> Infectious Diseases ...	1,684	2,478

Dealt with as “ nuisances ” are cases of *Overcrowding*; owing to the scarcity of houses, only serious cases could be dealt with : particulars of some of these were as follows :—

1. The house contained one living room, and one bedroom. The bedroom, containing 1,053 cubic feet, was occupied by three sons aged 18, 16 and 12 years and three daughters aged 14, 9 and 7 years respectively. The mother was said to sleep on a couch in the living room.
2. The house contained one living and two bedrooms. The front bedroom, containing 864 cubic feet, was occupied by a man, wife, three daughters aged 18, 16 and 7 years respectively and a son aged 12 years. The back bedroom, containing 348 cubic feet, was occupied by two daughters aged 21 and 19 years respectively.
3. The house contained one living room and one bedroom. The bedroom, containing 1,334 cubic feet, was occupied by a man, wife, four sons aged 12, 8, 6 and 1 year and two daughters aged 14 and 4 years respectively.
4. The house contained one living room and one bedroom. The bedroom, containing 968 cubic feet, was occupied by a man, wife, four sons aged 12, 9, 7 years and 2 months, and two daughters aged 14 and 3 years respectively.
5. The house contained one living room and two bedrooms. The front bedroom, containing 840 cubic feet, was occupied by a man, wife, three sons aged 13, 9 and 7 years respectively, and a daughter aged 16 months. The back bedroom, containing 429 cubic feet, was occupied by two sons aged 17 and 14 years respectively, and a daughter aged 21 years.
6. The house contained one living room and one bedroom. The bedroom, containing 960 cubic feet, was occupied by a man, wife, two sons aged 15 and 11 years and two daughters aged 17 and 13 years respectively.
7. The house contained one living room and two bedrooms. The front bedroom, containing 864 cubic feet, was occupied by a man, wife and four sons aged 18, 16, 9 and 1 year respectively. The back bedroom, containing 504 cubic feet, was occupied by four daughters aged 19, 14, 12 and 7 years respectively.

8. The house contained one living room and one bedroom. The bedroom, containing 1,815 cubic feet, was occupied by the mother and six sons aged 20, 19, 17, 13, 10 and 6 years and two daughters aged 15 and 8 years respectively. The bedroom was divided by means of a wooden partition for separation of the sexes.

During the year, in 53 cases of overcrowding, we were able to get the occupiers to apply for a Corporation dwelling, and their applications were forwarded to the Housing Superintendent setting out particulars of the overcrowding conditions. In ten of these cases the applicants were successful in obtaining a Corporation dwelling, and in seven others they obtained a house other than from the Corporation.

### SANITARY QUESTIONS INTRODUCED BY THE EXTENSION OF THE BOUNDARY.

The large extension of the boundary which occurred in 1928 has introduced problems of a sanitary character which in the older portion of the City had more or less been successfully dealt with and overcome.

*Pig-keeping.* An old local Act, the Coventry Street Act of 1790, contained the following Section :—

“And whereas the keeping or slaughtering of Swine within any Yard or Backside, belonging to any dwelling-house situate in any of the said Publick Streets as are within the said City would on account of the close confined situation of such Yards or Backsides and the great number of inhabited Houses and Buildings, contiguous or near thereto, be very offensive to the Inhabitants living near such Yards or Backsides. Be it therefore enacted, That in case any person or persons shall at any time after the expiration of Twelve Calendar Months next ensuing the commencement of this Act, keep or slaughter any Swine within any such Yards or Backsides, every such person so offending shall for every such offence forfeit and pay the sum of Twenty Shillings.”

This provision had for a long time been successfully enforced, and for many years the keeping of pigs within the City has been absolutely prohibited, except in such places as allotment gardens far removed from dwellings.

The addition of 8,731 acres to the City has introduced a large area of a rural and semi-rural character, where the keeping of pigs has been an established custom from time immemorial. The keeping of pigs domestically as an ordinary addition to the resources of a household is followed necessarily by the killing of pigs. This has raised the further question as to the extent to which such killing—outside a slaughterhouse and without notice



of the slaughtering—infringes the Public Health Acts or the Public Health (Meat) Regulations, 1924.

*Shallow Wells.* Some of the areas added included portions, more or less built up with houses, which have had to make their own arrangements for obtaining a water supply and for drainage. The water supply has been obtained by the sinking of shallow wells; and in their immediate neighbourhood the sewage has been collected into cesspools. A large number of these shallow wells are now polluted, and no remedy exists until such areas are provided with a public water supply.

*Hutments.* In certain areas colonies of hutments have been allowed to grow up; these hutments have been of the most varied kind from railway vans, caravans and sheds to wooden bungalows. Their growth began in the war time and has been fostered by the scarcity of housing accommodation. Having been situated in Rural Districts, probably little control could be exercised over them under existing Bye-laws. The water supply and drainage of these areas are problems to be dealt with.

*Bye-laws.* These, relating to various matters, are different in different parts of the added areas. Provision was made in the Coventry Corporation (Boundary Extension) Act, 1927, to meet this position and to alter this anomaly at an early date.

## Canal Boats.

Inspector Martin, the Inspector under the Canal Boats Acts, furnishes the following information, which shows the steps taken by the Sanitary Authority to give effect to the Acts and Regulations affecting Canal Boats :—

Total number of Boats registered to 31st December, 1928	514
Boats added to register in 1928	3
Registrations cancelled	208
Actual number of Boats on register on 31st December, 1928	306
Number of Boats inspected in 1928	205
Number of Boats conforming to the Acts and Regulations...	179
Number of Boats infringing the Acts and Regulations	26
Total number for which the Cabins were registered	614
Total number occupying the Cabins	539

*Details of Occupations :—*

Male Adults	...	...	...	...	162
Female Adults	...	...	...	...	177
Children of School Age	...	...	...	...	110
Children under School Age	...	...	...	...	90

No. of Cases met with.	<i>Details respecting infringements.</i>				No. of Cases remedied.
2	Absence of Certificate	...	...	...	1
1	Certificate not Identifying Owner with Boat	...	...	...	—
2	Marking	...	...	...	1
3	Overcrowding	...	...	...	1
1	Cleanliness	...	...	...	1
3	Painting	...	...	...	2
2	Ventilation	...	...	...	2
12	Dilapidation	...	...	...	8
—	—	—	—	—	—
26	Total cases met with.	Total cases remedied			16

**References to other Departments.**

These included 235 references to the City Engineer, 223 to the Waterworks Manager, 2,504 to the Head Teachers of the Schools with duplicates to the Education Department, 1,950 to parents, and 349 to the City Librarian.

The character of the references to the City Engineer is set out in the following table :—

Dangerous buildings	...	...	...	25
Unauthorised buildings	...	...	...	9
Foul gullies and complaints relating to sewers	...	...	...	88
Refuse removal	...	...	...	94
Miscellaneous	...	...	...	19

The references to the Waterworks Manager dealt with such matters as waste of water from taps and cisterns; those to Head Teachers, Parents and Education Department related to Infectious Diseases among school children and exclusions from school, and those to the City Librarian concerned infected homes and library books.

## MAGISTERIAL PROCEEDINGS IN 1928.

No. of Case.	Complaint.	Result.	Total Costs.		
			£	s.	d.
1	Non-compliance with notice to abate a nuisance arising from defective roofs, caves gutter and yard pavement	Order made for work to be carried out within 7 days and payment of costs.		5	0
2	Contravention of Section 73, Public Health Act, 1925 :—distributing toys from a cart used for the collection of rags .. .. .	Fined 10/-	10	0	
3	Do. do. .. .. .	Fined 10/-	10	0	
4	Do. do. .. .. .	Fined 5/-	5	0	
5	Do. do. .. .. .	Fined 5/-	5	0	
6	Do. do. .. .. .	Fined 10/-	10	0	
7	Do. do. .. .. .	Fined 5/-	5	0	
8	Contravention of Article 9 of the Public Health (Meat) Regulations, viz.:—failing to give notice to the Local Authority that the carcase of a sheep after slaughter appeared to be diseased or unsound .. .. .	Fined £10	10	0	0
9	Contravention of Article 9 of the Public Health (Meat) Regulations, viz.:—failing to give notice to the Local Authority that the internal organs of a heifer after slaughter appeared to be diseased or unsound .. .. .	Fined £10	10	0	0
10	Contravention of Article 8 of the Public Health (Meat) Regulations, viz.:—failing to give the requisite notice to Local Authority of the slaughter of an animal for sale for human consumption	Fined £1	1	0	0
11	Contravention of Article 31 (2) of the Milk and Dairies Order, 1926, viz.:—bottling milk otherwise than on registered premises, viz.: in the public street .. .. .	Magistrates said that the case was a proper one to bring to court but accepted the defendant's explanation		4	0
12	Do. do. .. .. .	Fined 10/-	10	0	
13	Selling adulterated milk .. .. .	Fined £15 & costs	15	18	0
14	Do. do. .. .. .	Fined £5 & costs	5	13	0
TOTAL			£45	15	0

Among the above magisterial proceedings are six cases where proceedings were taken under Section 73 of the Public Health Act, 1925, which prohibits the distribution of toys by rag and bone dealers in exchange for rags, etc. For assistance in enforcing this provision the Department has been indebted to the Chief Constable and his staff.



# Summary of Inspectors' Work

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	Totals.
No. of drains opened and cleansed from obstruction ...	476	361	390	306	239	301	320	317	313	384	3,407
" drains provided with efficient traps ...	29	36	16	33	20	8	7	24	13	19	205
" new drains provided to premises ...	151	54	27	26	34	28	27	43	62	68	520
" sink drains disconnected from the sewer ...	4	4		3	3	...	...	...	1	3	18
" new sinks provided and others repaired ...	58	143	98	61	33	21	39	37	31	39	560
" floors and walls of houses repaired ...	151	506	471	417	286	222	198	285	398	316	3,250
" roofs of houses repaired and made weatherproof...	169	341	279	371	209	155	306	238	264	374	2,706
" defective spouts repaired ...	164	244	189	253	174	132	139	128	168	119	1,710
" houses limewashed and cleansed ...	213	528	595	341	229	183	242	168	227	223	2,949
" houses cleansed after infectious disease ...	126	137	114	111	157	126	199	88	117	185	1,360
" offensive privies or pail closets converted into water closets ...	...	2	1	...	...	...	5	...	2	2	12
" offensive privies and pail closets abolished ...	...	4	3	...	...	...	...	...	...	...	7
" new water closets erected in place of above ...	...	4	3	...	...	...	...	...	...	...	7
" additional new water closets provided ...	11	10	4	4	...	...	...	...	...	...	139
" water closets provided with new cisterns...	42	49	35	18	19	5	10	9	29	48	440
" " " new basins and traps ...	161	204	449	152	62	30	22	33	97	95	1,489
" foul water closet drains cleansed ...	278	210	286	166	84	86	29	47	50	127	1,363
" defective W.C. cisterns, etc., repaired ...	344	610	396	538	250	279	290	308	294	350	3,659
" offensive ashpits abolished...	3	4	1	3	2	...	2	11	1	11	38
" sanitary dustbins provided in place of the above ...	4	4	6	17	4	...	4	49	5	26	119
" " " to other premises ...	663	594	729	608	489	335	556	581	676	668	5,899
" urinals cleansed, repaired and reconstructed ...	14	24	12	7	6	3	2	11	12	8	99
" courts and backyards paved and repaired ...	55	102	96	111	23	28	30	39	39	29	552
" nuisances from animals kept, abated ...	237	89	181	163	50	45	55	34	39	45	938
" accumulations of manure, etc., removed ...	113	80	99	105	77	57	80	81	155	144	991
" smoke nuisances dealt with ...	4	8	4	7	15	23	18	27	46	28	180
" cases of overcrowding dealt with ...	4	8	14	10	7	7	2	5	10	11	78
" vent and soil pipes removed or replaced, and miscellaneous sanitary improvements effected	...	87	107	66	...	...	...	...	...	...	...

	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
No. of visits and re-visits to premises ...	20,380	23,543	32,991	28,388	19,556	15,824	21,244	23,887	25,871	29,910
„ drains tested ...	92	141	95	76	59	62	50	78	109	95
„ visits respecting Infectious Diseases ...	.	..	...	...	1,042	1,453	2,650	1,835	1,684	2,478
„ notices issued for abatement of nuisances, including informal and statutory ...	2,171	2,884	2,743	2,865	1,901	1,689	1,787	1,995	2,042	2,401
„ letters ...	2,383	1,372	2,185	2,127	2,230	2,458	2,602	2,609	3,013	3,775
„ nuisances remaining unabated after expiration of notice ...	32	36	45	31	21	24	22	28	14	12
„ summonses issued for non-compliance with notices served to abate nuisances ...	10	2	6	7	0	6	0	0	1	1
„ registered premises under supervision ...	432	431	452	531	630	652	504	458	473	591
„ visits paid to registered premises...	1,650	1,675	1,659	2,198	1,848	1,163	1,976	2,749	3,503	4,393
„ references to City Engineer ...	78	415	236	159	313	158	231	174	188	235
„ references to Water Manager ...	71	20	225	299	147	143	84	199	65	223
„ references to Education Department ...	573	448	635	704	1,389	1,350	4,693	1,584	1,841	2,504
„ Movement Licenses issued under Foot and Mouth Disease Regulations ...	...	...	.	1,200	848	7,450	2,475	3,770	2,177	2,342

## PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS OR REGULATIONS.

### **Common Lodging Houses.**

Number on Register, January, 1928	...	4
„ added to the Register during the year		0
„ removed from the Register during the year ... ..		1
„ remaining on the Register, December, 1928 ... ..		3

One house which had been in use as a Common Lodging House for many years was converted into a factory.

These houses are registered to accommodate 86, 23 and 36 male lodgers respectively.

Number of visits during the year ...	160
--------------------------------------	-----

The contraventions observed related to :—Dirty condition of rooms and bedding and foul or defective condition of water-closets.

### **Houses Let in Lodgings.**

Number on Register, January, 1928	...	47
„ added to the Register ...	...	3
„ discontinued ... ..	...	1
„ on Register, December, 1928	...	49
„ of visits during the year ...	...	309
„ of contraventions observed	...	39

The contraventions observed related to :—Dirty condition of rooms and yard surfaces; foul, defective, or insufficient water-closets; overcrowding; ventilation; and limewashing.

### **Factories, Workshops and Workplaces.**

The following tables are inserted in compliance with Section 132 of the Factory and Workshop Act, 1901 :—



## I.—INSPECTION.

Including inspections made by Sanitary Inspectors.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES .. .. . (Including Factory Laundries).	53	2	..
WORKSHOPS .. .. . (Including Workshop Laundries).	207	13	..
WORKPLACES .. .. . (Other than outworkers premises included in Part 3 of this Report).	281	3	..
TOTALS .. .. .	541	18	..

## 2.—DEFECTS FOUND.

Particulars.	Number of Defects			Number of Prosecu- tions.
	Found.	Remedied.	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness .. .. .	29	29	..	..
Want of ventilation .. .. .	..	..	3	..
Overcrowding .. .. .	..	..	..	..
Want of drainage of floors .. .. .	..	..	..	..
Other nuisances .. .. .	12	12	..	..
Sanitary accom- modation {	insufficient .. .. .	1	..	..
	unsuitable or defective..	2	..	..
	not separate for sexes ..	1	1	..
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bake- house (s. 101) .. .. .	..	..	..	..
Breach of special sanitary requirements for bakehouses (ss 97 to 100) .. .. .	..	..	..	..
Other offences .. .. . (Excluding offences relating to outwork which are included in Part 3 of this Report).	..	..	2	..
Totals .. .. .	45	45	5	..

\* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

## 4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.							Number.
Important classes of workshops, such as workshop bakehouses are enumerated here.	Bakers .. .. .	..	..	..	..	..	52
	Sugar Boilers .. .. .	..	..	..	..	..	2
	Watch Makers .. .. .	..	..	..	..	..	21
	Dressmakers .. .. .	..	..	..	..	..	20
	Tailors .. .. .	..	..	..	..	..	59
	Boot Makers and Repairers .. .. .	..	..	..	..	..	24
	Milliners .. .. .	..	..	..	..	..	25
	Joiners and Carpenters .. .. .	..	..	..	..	..	9
	Cabinet Makers .. .. .	..	..	..	..	..	13
	Cycle Repair Shops .. .. .	..	..	..	..	..	4
	Ironmongers and Smiths .. .. .	..	..	..	..	..	5
	Plumbers and Painters .. .. .	..	..	..	..	..	5
	Gas Fitters and Bellhangers .. .. .	..	..	..	..	..	1
	Pattern Makers and Brassfounders .. .. .	..	..	..	..	..	2
	Saddlers .. .. .	..	..	..	..	..	3
	Tinworkers .. .. .	..	..	..	..	..	3
	Picture Framers .. .. .	..	..	..	..	..	2
	Laundries .. .. .	..	..	..	..	..	—
	Box and Bag Makers .. .. .	..	..	..	..	..	2
	Printers and Bookbinders .. .. .	..	..	..	..	..	1
	Card Stampers .. .. .	..	..	..	..	..	—
	Engravers, etc. .. .. .	..	..	..	..	..	—
	Marine Store Dealers .. .. .	..	..	..	..	..	2
	Coach Builders and Wheelwrights .. .. .	..	..	..	..	..	6
	Various .. .. .	..	..	..	..	..	114
Total number of workshops on Register ..							375

## 5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133), 1901 .. .. .	0
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5), 1901 .. .. .	16
Notified by H M. Inspector	16
Reports (of action taken) sent to H.M. Inspector ..	16
Other .. .. .	0
Underground Bakehouses (s. 101) :—	
Certificates granted during the year .. .. .	0
In use at the end of the year .. .. .	0

**Outworkers.****3.—HOME WORK.**

Lists have been received from 10 employers with respect to 66 outworkers. Of these, 21 were employed in the making of wearing apparel, and 45 in the making of textile fabrics; 59 outworkers resided in the City, and 7 outside; these instances were reported to the Authority concerned.

An inspection was made of 31 of the home premises of those outworkers residing in the City who had been shown on the returns as employed in the making of wearing apparel and textile fabrics, and the premises were found to be satisfactory.

**Offensive Trades.****Fish Fryers.**

Number on Register, December, 1927	...	...	108
„ of applications received for permits	...	...	9
„ „ „ approved	...	...	2
„ „ „ disapproved	...	...	7
„ discontinued during the year	...	...	1
„ taken over with the added area, 1st April, 1928	...	...	11
Total number on Register, December, 1928	...	...	120

**Tripe Boilers.**

Number on Register	...	...	11
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**Hide and Skin Dealers.**

Number on Register	...	...	3
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**Rag and Bone Dealers.**

Number on Register	...	...	3
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**Cut Scraper.**

Number on Register	...	...	2
--------------------	-----	-----	---

**Tallow Melter.**

Number on Register	...	...	1
--------------------	-----	-----	---

**Bone Boiler.**

Number on Register	...	...	1
--------------------	-----	-----	---

} Taken over with  
the "added area"  
1st April, 1928.

**Knacker's Yard.**

One "Knacker's Yard" which had been in existence for many years was brought into the City with the boundary extension, but has since been dispensed with, the premises having been demolished.

**Visits.**

Number of visits paid during the year	...	...	382
---------------------------------------	-----	-----	-----

**Contraventions.**

Number observed relating to "absence of suitable receptacles for refuse, accumulation of refuse, and the cleansing of floors and walls"...	...	...	16
--	-----	-----	----



## Smoke Abatement.

Complaints were received during the year concerning excessive smoke emitted from ten factory chimneys. Five hundred and eighty nine observations have been made of chimneys connected with factories in the City. In many instances an improvement has been effected by interviewing works engineers and stokers, who have courteously received Inspectors, and have willingly adopted any suggestions made by them with a view to the prevention of excessive smoke. In forty cases, a letter of caution or a notice was served.

With a view to obtaining the co-operation of manufacturers and stokers in this matter a card of "Instructions to Boiler Attendants" has been supplied in several instances by the Public Health Department.

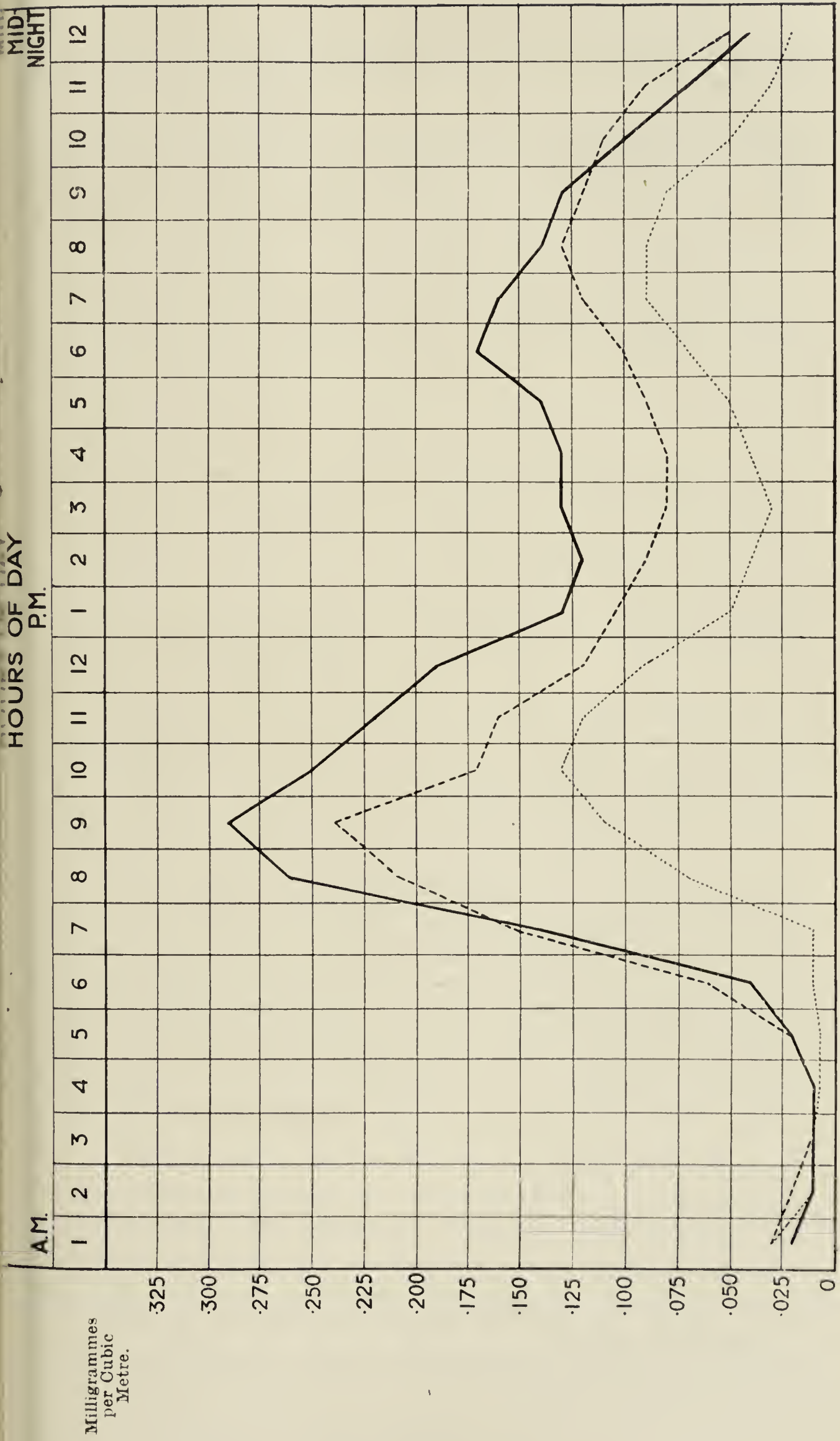
The Smoke Abatement Advisory Council for the Midland area (including therein Coventry), referred to in my report for 1927, held several meetings during 1928, and their deliberations and recommendations were supplied to the Authorities represented.

During the writing of this report and as a result of the recommendations of the above Advisory Council, a bye-law made in pursuance of Section 2 of the Public Health (Smoke Abatement) Act, 1926, has become operative, whereby the emission of black smoke for a period of two minutes in the aggregate within any continuous period of thirty minutes from any one chimney in a building other than a private dwelling-house shall, until the contrary is proved, be presumed to be a nuisance.

## ATMOSPHERIC POLLUTION.

An instrument for automatically recording the amount of suspended impurity in the atmosphere of the City, and showing its relative incidence at all hours of the day and night, is in operation in the Laboratory of the Public Health Department.

The suspended atmospheric impurity is found to be directly proportional to the total amount of impurity from all sources, and is regarded as a reliable index of pollution. The quantitative records obtained over a period of twelve months are of value in indicating the state of atmospheric pollution in the City at any particular time, and cover those periods in the year when meteorological abnormalities arise which are responsible for the failure







of the natural processes of eliminating impurities and for the subsequent foggy weather.

The chart facing page 50 has been prepared from these records, and reference to it will show that the impurity on week-days (i.e., from Mondays to Fridays) is at its lowest from 2 a.m. to 4 a.m. From 4 a.m. the density increases, and from 6 a.m. to 8 a.m. rises with greater rapidity than during any other period in the 24 hours. It continues sharply upwards to the maximum of the day at 9 a.m. At this hour it will be seen that the greatest amount of impurity accumulates in the atmosphere of the City, and at no other time of the day does the amount of pollution approach anywhere near this quantity.

From 9 a.m. the pollution diminishes rapidly until 1 p.m., with a further but less rapid fall to 2 p.m., when there is a gradual increase during the afternoon, becoming sharper from 5 p.m. up to the second but lower maximum of the day at 6 p.m.

From 6 p.m. there is a reduction in the impurity; this fall becomes distinctly pronounced from 9 p.m. and continues down to the period of the minimum in the 24 hours from 2 a.m. to 4 a.m.

The impurity curve for Saturdays is slightly higher during the first two hours of the day than on week-days, but from 3 a.m. to 5 a.m. it is similar; from 5 a.m. to 6 a.m. the increase is more rapid than on week-days; it thereafter follows a similar course, but does not rise to such a high point at 8 a.m. and 9 a.m.; the latter hour, as on week-days, being the maximum of the day. The impurity from this hour falls rapidly until 12 noon. It then decreases gradually until 3 p.m., and remains stationary to 4 p.m., when a gradual but definite increase commences and continues until 8 p.m., at which hour occurs the second maximum of the day. From 8 p.m. there is a slow decrease in the impurity, the fall becoming more acute at 10 p.m. and 11 p.m. and continues steadily downwards.

The Sunday curve falls below those for the week-days or Saturdays, indicating a greater purity of the air on Sundays, due to the suspension of factory work.

At the first hour on Sunday morning the impurity is the same as on Saturdays at that hour, which, as already stated, is slightly higher than on week-days; from 2 a.m. to 3 a.m. it is the same as on week-days, but from 3 a.m. until 5 a.m. the amount of impurity in the atmosphere is less than at any other time during the whole week.

It is significant that the increase of pollution in the early morning of Sundays commences two hours later than on the other days of the week, viz., at 7 a.m., when it rises rapidly to the maximum of the day at 10 a.m., this maximum being an hour later than on the other days and considerably lower, in fact less than half that for week-days. A decrease commences from 10 a.m., being slight for the first hour, becoming much more pronounced from 11 a.m. until 1 p.m., and then again is gradual until 3 p.m., at which hour the atmosphere has less pollution than at any other time in the week during the day-time. After 3 p.m. the impurity increases, and does so with greater rapidity from 5 p.m. to 7 p.m., when the second maximum of the day is reached, and remains at that point until 8 p.m. From 8 p.m. a decrease sets in, the fall being greater from 9 p.m.

An analysis of the different days of the week shews that there is little difference between the curves on week days, except that Tuesdays show most pollution. There is less pollution on Saturdays and much less on Sundays. Also, night air has the advantage of being much purer than day air.

Speaking generally, the pollution on week days includes both factory and domestic smoke, while that on Sundays is mainly

domestic smoke. The amount of domestic smoke as compared with factory smoke works out at the relative figures of 1.37 to 1.67, which means that more smoke is emitted from factories than from houses.

Commercial concerns, fortunately, are now realising the fact that smoke issuing from their factory chimneys is a genuine loss of money, and that by proper methods of stoking, furnace ventilation and the use of scientifically designed boiler appliances, the smoke that runs to waste and is a source of danger to life and health, can be efficiently burnt and so add to the heat production of the fuel.

The smoke from household chimneys is even more mischievous than that from factories, because it is produced at a lower temperature and therefore contains more tar and other volatile constituents. In other words, domestic smoke is of an oily and clinging nature, it is more difficult to wash away and more damaging to fabrics and buildings, and it has a deleterious effect upon our lungs and skin.

Smoke from our houses impoverishes vegetation in our parks and open spaces and in neighbouring districts. The vegetation is affected by the reduction in the intensity of sunlight, by the deposit of soot or other solid matter on the foliage of plants, by smoke-produced acids lodging on tender leaves and shoots, and by the pollution of the surface of the soil by soot and other poisonous products of combustion. There are many plants and trees which it is impossible to cultivate in industrial areas owing to atmospheric pollution.

The presence of smoke in the atmosphere generally impedes the passage through it of the ultra-violet rays from the sun, and therefore lessens the beneficial effect of sunlight.

The prevention of smoke should be the concern of every citizen.

On the recommendation of the Midlands Joint Advisory Council on Smoke Abatement, the Public Health Committee authorised the provision of a soot deposit gauge, and this was installed in October, 1928, at the Meteorological Station, City Hospital. As, however, the records for a complete year are not yet available, comparison with those of other towns would not be reasonable. The analyses of the deposited matter have kindly been made by Mr. C. B. O. Jones.

### III. FOOD.

#### (A) MILK SUPPLY.

The milk supply during the year 1928 averaged 5,254 gallons per day, and the supply exceeded the demand during the whole of the year.

Only about 260 gallons per day were produced in the "Pre-extension City," but owing to the increased number of farms brought into the City with the "Added Areas," the quantity of milk produced within the City boundary is now estimated at about 1,387 gallons per day.

Considerably more than half of the total quantity of milk now consumed in the City is delivered in bottles, the greater portion being either "Pasteurised" or "Sterilized."

#### *Samples for Tubercle Bacilli.*

During the year, 19 specimens of milk from producers selling milk in the City were submitted to the Birmingham University for examination. In no instance were tubercle bacilli found.

#### *Samples for Bacterial Count.*

Four samples of milk were also submitted to the Pathological Department of the Birmingham University for bacterial count, with the following results :—

					<i>Results.</i>	
No. 1.	"Pasteurised"	milk	...	...	40,675 organisms	per c.c. of milk
" 2.	"	"	...	...	855	" "
" 3.	"	"	...	...	15,200	" "
No. 4.	"Grade A"	milk	...	...	6,850	" "

#### **Graded Milk.**

There are three firms in the City holding licences under the Milk (Special Designations) Order, 1923, viz. :—

One firm for the production and sale of "Pasteurised Milk," for the sale of "Certified Milk," and "Grade A (Tuberculin Tested) Milk." The other two firms for the production and sale of "Pasteurised Milk."

#### **Cowsheds.**

Number of cowkeepers on register,	December, 1927	6
" " " discontinued during the year		—
" " " on register,	December, 1928	51
" " visits paid during the year	... ..	101



It will be seen from the above figures that the number of cowkeepers has considerably increased, the number in the "Pre-extension City" being 6 and that in the "Post-extension City" 51. Some attempt has been made during the year to inspect the cowsheds in the "Added Areas," one hundred and one visits having been paid to thirty-six sheds. In connection with these inspections, 20 sheds at 7 farms were found to fall below the requirements of the Milk and Dairies Order, and 7 informal notices were addressed to the occupiers pointing out defects relating to such matters as defective floors, inadequate drainage, insufficient means of light and ventilation, and general insanitary conditions, concerning which, correspondence was taking place at the close of the year.

The number of cowkeepers in the "Added Areas" should be regarded as an approximate one.

In view of the increased number of cowkeepers in the scattered districts of the City, and of the importance of securing a clean and wholesome milk supply, it will necessitate a corresponding increase in the amount of the Inspectors' time being devoted to this class of work, and as it is very desirable that a complete survey should be made of every cowshed in the City at an early date, the work involved will be considerably greater than hitherto.

## Milkshops.

### MILK AND DAIRIES (AMENDMENT) ACT, 1922.

Dec., 1927. Dec., 1928.

Number of names on the Register of

Retail Purveyors	...	...	350	334
(a) Residing in the City	...		244	293
(b) ,, outside the City			106	41

Number of names on the Register of  
wholesale traders and producers

(not selling by retail)	...		36	59
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Number of inspections made during

the year	...	...	...	567	337
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Contraventions observed related to milk being kept in unsuitable places, limewashing of milk stores, bottling milk otherwise than on registered premises, and unclean condition of interior of vehicles. Ten verbal cautions were given in connection

with these contraventions, and in two instances magisterial proceedings were instituted (see table relating to magisterial proceedings).

In 4 instances the sale of loose milk from general stores has been discontinued, and in 14 instances the sale of loose milk has been replaced by that of bottled milk.

*Character of business carried on by Milk Vendors.*

Selling loose milk from Shops :—

(a) Where Dairy Produce only is sold	...	12
(b) Where Confectionery only is sold	...	16
(c) Where the business of a General Store is carried on	... ..	106

Selling milk from private dwelling-houses with- out rounds	... ..	4
---	--------	---

Selling milk from private dwelling-houses with rounds	... ..	59
--	--------	----

Selling milk on rounds only	... ..	137
-----------------------------	--------	-----

Of the 137 milksellers who sell milk on rounds, 38 reside outside the City Boundary.

Bottled milk is now sold from 415 shops.

*Note.*—From the above figures, it will be seen that the number of shops from which loose milk is sold is decreasing, whilst the demand for bottled milk is becoming greater.

## PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 AND 1917.

These regulations were revoked by the Public Health (Preservative, &c., in Food) Regulations, 1925-1927.

## MILK AND DAIRIES ORDER, 1926.

This Order came into operation on October 1st, 1926. Mr. Dale, the Veterinary Inspector appointed in connection with the work under this Order reports as follows :—

“I beg to report that I have inspected all the milking cows within the new City boundary, the owners of which are licensed milksellers.

There are 43 dairymen and about 800 cows, 150 of which are dry, lying off. There is a good percentage of heifers and very few old cows. I found the majority of them in good

condition and healthy, none showing clinical symptoms of tuberculosis. There were several cows with indurated udders from various causes, and some of these I advised should be sold to the butcher, though those whose milk I tested microscopically for tubercle gave a negative result.

The cowsheds were very bad in some instances, and the quarters and udders of the cows were very dirty. In my opinion it would be a good thing to send each dairyman a circular impressing upon him the necessity for cleanliness."

Abstracts of the responsibilities of dairymen and cowkeepers in connection with this Order and the Milk and Dairies (Consolidation) Act, 1915, together with an explanatory letter, have been circulated to all concerned.

#### (B) MEAT.

(1) During the year, 99 carcasses, or parts of carcasses, have been examined at the dead meat market held in the Barrack Square.

Two thousand two hundred and thirty visits have been made to the slaughter-houses in order to inspect meat, and to enforce the byelaws relating to such premises.

The number of carcasses examined at slaughter-houses by Sanitary Inspectors who are qualified Meat Inspectors, in addition to those carcasses notified by butchers as unsound, was as follows :—

Beef	...	...	...	...	747
Mutton and Lamb			...	...	1,263
Pork	...	...	...	...	619
Veal	...	...	...	...	114

Fifty-three contraventions were observed at the slaughter-houses relating to limewashing of walls, cleansing of floors, removal of offal, and absence of suitable receptacles for offal.

These contraventions were remedied.

(2) It has not been necessary to institute proceedings under Section 117 of the Public Health Act, 1875.

Notifications were received from 78 butchers, using 37 slaughter-houses, concerning the carcasses of 351 animals, viz. :— 19 bullocks, 173 cows, 49 heifers, 11 calves, 56 sheep, and 43 pigs, these being found after slaughter to be diseased or unsound.



The meat surrendered and destroyed in connection with these notifications was estimated to amount to 12,777 lbs., and consisted of: Beef, 10,443 (of which 5,897 lbs. were tuberculous); mutton, 622 lbs.; pork, 1,379 lbs; veal, 333 lbs.

(The tuberculous meat surrendered involved 123 carcasses or parts of carcasses.)

The number of slaughter-houses in the district at different dates was as follows :—

Slaughterhouses.	In the Pre-Extension City Jan., 1928.	In the Added Areas.	Total Dec., 1928.
Registered .. ..	12	5	17
Conditionally Licensed ..	23	..	23
Annually Licensed ..	11	..	11
* Unclassified ..	..	6	6
	46	11	57

\* These remain unclassified pending fuller information.

## PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

During the past year, 1,079 observations and visits have been made in connection with markets, shops, stores, etc., in order to ascertain if the above regulations were being complied with.

Fifty-eight contraventions were observed relating to :—

1. Failure to give the requisite notice of slaughter of an animal for sale for human consumption.
2. Failure to notify that the carcass or internal organs of an animal slaughtered for sale, for human consumption, appeared to be diseased or unsound.
3. Exposure of meat outside shops and stalls without reasonable steps being taken to guard against contamination of the meat.
4. Exposure of meat for sale for human consumption in a room without taking reasonable steps to guard against contamination.
5. Failure to limewash walls and ceilings of rooms used for the storage of meat.
6. Failure to provide properly covered receptacles to receive trimmings and refuse.
7. Conveyance of meat in, or on a vehicle, and not causing the meat to be adequately protected by means of a clean cloth, or other suitable material.

Sixteen written notices were issued, and thirty-nine verbal cautions given in connection with these contraventions; in the remaining three cases, magisterial proceedings were instituted. (See table relating to magisterial proceedings.)

## PUBLIC ABATTOIR.

My Annual Reports for 1925 to 1927 set out the steps that had been taken towards establishing a Public Abattoir for Coventry; the first of these reports gave a design for such an Abattoir by Mr. R. Stephen Ayling, F.R.I.B.A., proposed to be erected on the London Road at Whitley.

A Ministry of Health Enquiry was held in 1926 concerning the suitability of this site, and in May, 1928, a further Enquiry concerning the details of the Abattoir proposed, with a view to obtaining sanction for a loan.

The Abattoir proposed was to be of a limited character, intended to provide slaughtering accommodation for those butchers who had no accommodation of their own; though the size of the site available made it possible for any further extension that might be at any time contemplated.

The site at Whitley had never received the endorsement of the prominent members of the trade.

At that enquiry it may be remembered that attention was drawn to the fact that a site in the Butts occupied by a factory was at that moment in the market, that it presented features of advantage over that at Whitley, and moreover, if that site were acquired, there would be a reasonable chance of entirely overcoming the opposition of the trade to the establishment of a public abattoir.

Subsequent conversations took place, and it was represented on behalf of the Public Health Committee that it could not reasonably contemplate the purchase of so expensive a site unless it were intended to build a large abattoir, sufficient to provide accommodation for all the butchers and with the ultimate and admitted aim of closing all the private slaughter-houses.

This possibility caused the Public Health Committee to explore the position carefully.

The advantages presented by this site had always been recognised by that Committee. It was the first site considered over 40 years ago, and appears to have been turned down nominally because of local opposition.

The first and most obvious advantage of this site is its proximity to the existing Railway Goods Station, and the consequent ease with which a siding could be obtained.

There is also the added advantage of its proximity to the Cattle Sales Ground.

These two advantages would bring about another, viz., the reduced driving of cattle through the City which would result.

None of these advantages existed at Whitley.

Whereas at Whitley it was *possible* to construct a siding, this would have been on the opposite side of a main road and some little way removed; such a siding would have been on a main line of the L.M.S. Railway, and it was not likely that it would have been constructed until the abattoir at Whitley was much larger than that proposed.

The opposition of the trade having been modified, the way was clear to the provision of a complete abattoir, with the prospect in the early future of the closing down of all the private slaughter-houses.

The matter was therefore gone into thoroughly, and a report on a new scheme was presented to the Council on January 9th, 1929, and approved. The new scheme provides for an Abattoir of up-to-date type, with accommodation sufficient for the whole of the butchers in Coventry, and includes: (1) Lairage; (2) Slaughter halls; (3) Cooling and chill halls; (4) a bye-products department; (5) a dead meat market, with a frozen meat store underneath; (6) Garage; (7) Administrative offices and Superintendent's residence; and (8) railway siding.

And a further Ministry of Health Enquiry concerning the proposed site was held on May 3rd of the current year. So that it is hoped that the long drawn-out history of the efforts to obtain a Public Abattoir in Coventry may now at length be nearing its end. (The sanction of the Ministry has since been received.)

### (C) OTHER FOODS.

#### Unsound Food.

The following quantities of unsound food have been surrendered from markets, shops and stores:—

1,474 lbs. of imported beef, mutton, pork and veal; 103 tins of meat; 97 rabbits; 2 hams; 12 cases of preserved eggs; 404 tins of fruit; 40 lbs. of fresh fruit; 250 tins of tomatoes; 38 baskets of tomatoes; 7 bottles of sauce; 25 jars of pickles; 3 tins of soup; 18 tins of baked beans; 4 tins of syrup; 313 tins of



condensed milk; 59 tins of cream; 34 jars of jam and jelley; 8 tins of chocolate; 329 tins of fish;  $48\frac{1}{2}$  cwts. of fish; 5 cwts. of mussels.

### Bakehouses.

Number on Register, December, 1927	...	...	84
„ dispensed with during the year	...	...	1
„ of Bakehouses unoccupied	...	...	19
„ of changes of occupancy	...	...	—
„ of Bakehouses opened during the year	...	...	1
„ Bakehouses taken over with the added area	...	...	6
„ of Bakehouses on Register, December, 1928	...	...	90*
„ of visits	...	...	144
„ of contraventions observed	...	...	19
„ of contraventions remedied	...	...	19

The contraventions observed related to the limewashing of walls and ceilings, and to dirty floors.

\* This number includes Factory Bakehouses.

### PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) REGULATIONS, 1925-27.

These Regulations are now fully in operation, the clauses relating to butter and cream, and the use of a preservative by the introduction of preserved bacon, preserved ham, preserved egg yolk, preserved cream, and preserved butter having become operative during the past year.

The list of articles of food which have been submitted to the Public Analyst will be found in the table relating to “Food and Drugs,” and no breach of the Regulations with regard to preservatives has been reported by the Analyst.

### MANUFACTURE OF ICE CREAM.

The Coventry Corporation Act, 1911, contains clauses in regard to premises where ice cream is manufactured, and requires the occupiers of such premises to take reasonable precautions to guard against the contamination of ice cream and the ingredients used in its manufacture.

It is not compulsory for a person who manufactures ice cream to apply for his premises to be registered with the Local Authority.

A register is, however, being compiled, and up to the present time contains the names and addresses of 97 persons, 88 of whom manufacture ice cream, the remaining 9 being vendors only.

103 inspections have been made of the smaller shop premises, and as a result of such inspections the following information was obtained :—

In 77 cases ice cream was prepared in the back kitchen; in 6 cases ice cream was prepared in sheds or brick-built outbuildings; whilst in 2 cases the premises were merely receiving depôts for ice cream which had been made in other towns.

In the course of the inspections particular attention was directed to such matters as lighting, ventilation, water supply, drainage, and the general cleanliness both of utensils and premises.

In most cases the utensils and premises were reasonably clean.

In one instance the premises were found to be entirely unsuitable for the purpose, and a letter of caution addressed to the occupier resulted in the business of ice cream manufacture being discontinued.

#### SALE OF FOOD ORDERS, 1921.

The various shops, stores and markets have been visited from time to time in order to enforce the requirements of the Orders concerning the labelling of imported meat.

#### SALE OF FOOD AND DRUGS ACTS, 1875 TO 1927, AND REGULATIONS MADE UNDER PUBLIC HEALTH (REGULATIONS AS TO FOOD) ACT, 1907.

The following table shows the number and the nature of the articles submitted for analysis during the year :—

Articles.	Genuine.	Not Genuine.	Total.
New Milk ..	193	17	210
Dried Milk .. ..	3	..	3
Condensed Full Cream Milk (Sweetened) .. ..	6	..	6
Condensed Machine Skimmed Milk .. ..	1	..	1
Cream .. ..	6	..	6
Butter .. ..	24	..	24
Lard .. ..	17	..	17
Margarine.. ..	12	..	12
Sponge Cakes .. ..	6	..	6
Cocoa .. ..	10	..	10
Corn Flour .. ..	5	..	5
Self-Raising Flour .. ..	4	..	4
Custard Powder .. ..	6	..	6
Lemon Cake .. ..	4	..	4
Fruit Cake .. ..	1	..	1
Rye Bread .. ..	1	..	1
Sweets .. ..	7	..	7
Lemon Crystals .. ..	2	..	2
Beef Sausages .. ..	19	..	19
Ham and Chicken Roll ..	2	..	2
Salmon Paste .. ..	2	..	2
Liquorice Powder .. ..	5	3	8
Camphorated Oil .. ..	3	..	3
Castor Oil.. ..	2	2	4
Glycerine .. ..	3	..	3
Totals .. ..	344	22	366

The samples were collected in the following manner :—

Formal samples	...	...	112
Preliminary samples	...	...	252
“Appeal to cow” samples	...	...	2



*Milk.*—Of the 210 samples of new milk, 193 were found to be genuine, and 17 adulterated. Of these, 3 were below the limit in solids not fat, in amounts varying from 2 per cent. to  $4\frac{1}{2}$  per cent.; 8 were deficient in fat varying in amounts from 6 per cent. to 46 per cent.; and 6 were found to contain added water in amounts varying from 5 per cent. to  $18\frac{1}{2}$  per cent.

The 3 samples found to be deficient in solids not fat were formal samples obtained from three dairymen delivering milk on rounds. As none of these cases were considered suitable for prosecution, the vendors were kept under observation and further samples were obtained which proved to be genuine.

Of the 8 samples found to be deficient in fat, 4 were informal samples obtained from three shopkeepers, each selling from one to two gallons of milk per day. The remaining 4 samples were taken formally, 1 from a shopkeeper, 2 from dairymen selling on rounds, and 1 from a wholesale dealer. The shopkeepers and the wholesale dealer were cautioned, as it was found on investigation that the deficiency was undoubtedly due to improper mixing; the 2 roundsmen were kept under observation and further samples obtained were certified to be genuine.

Of the 6 samples found to contain added water, 2 were obtained from a small shopkeeper, and 1 from a dairyman supplying the shopkeeper. As the farmer supplying the milk resided in the County, the County Inspector was informed, and samples were subsequently obtained in course of delivery from the farmer to the wholesale dealer. These samples were found to be adulterated. Proceedings were instituted by the County Inspector, resulting in the farmer being fined £10 and costs. The shopkeeper and wholesale dealer were cautioned. In regard to the remaining 3 samples, one was a formal sample obtained in course of delivery from a farmer to a dairyman; this being certified to contain  $18\frac{1}{2}$  per cent. of added water. The farmer was prosecuted and fined £15 and costs. The remaining 2 samples were formal samples obtained from one dairyman; samples obtained in course of delivery from the farmer to the dairyman in question were certified to be genuine. The dairyman was prosecuted and fined £5 and costs.

All the samples were found to be free from preservatives and artificial colouring matter. In no case was it found necessary to take action on account of the presence of dirt.

*Cream.*—All the samples of cream were found to be genuine, free from preservatives and thickening substances.

*Condensed Milk.*—The samples of condensed milk in every case complied with the requirements of the Public Health (Condensed Milk) Regulations.

*Liquorice Powder.*—Of the 8 samples of liquorice powder, 5 were certified to be genuine, and 3 did not comply with the standard laid down in the British Pharmacopœia, in that 2 of these (purchased from the same vendor) contained an excess of sulphur and the other was deficient of sulphur. As these were informal samples and were not considered to be suitable cases for prosecution, the vendors were cautioned.

*Castor Oil.*—Of the 4 samples of castor oil, 2 were certified to be genuine and 2 were found to have an acid value in excess of that allowed by the British Pharmacopœia; these were informal samples and purchased from the same vendor. As the cases were not considered suitable for prosecution, the vendor was cautioned.

*Drugs.*—The Coventry Insurance Committee has instituted a scheme whereby they take periodical samples of drugs and appliances as supplied by local chemists to insured persons.

Mr. Lee Gordon, the Clerk to the Committee, has been good enough to allow me to see the reports on the 16 samples taken during 1928. These reports were all satisfactory, with the exception of one.

# IV. PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

Deaths from the seven principal infectious diseases which have occurred in Coventry during the past 59 years :—

Year.	Small Pox.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Measles.	Whooping Cough.	Diar-rhœa.
1870	..	..	1	18	15	9	84
1871	166	..	5	5	18	35	59
1872	57	..	2	8	5	15	77
1873	..	..	9	15	18	28	45
1874	..	..	11	149	5	7	45
1875	..	4	7	16	..	16	61
1876	..	9	2	30	19	25	28
1877	..	2	2	19	3	3	24
1878	..	8	8	20	14	24	47
1879	..	2	2	7	18	18	24
1880	..	3	3	36	6	10	96
1881	1	5	11	58	2	8	24
1882	..	10	2	17	17	4	18
1883	..	7	..	2	3	5	35
1884	..	5	..	3	18	29	50
1885	..	2	1	10	..	2	20
1886	..	14	..	18	49	31	49
1887	..	7	2	14	..	9	40
1888	..	3	..	6	1	14	25
1889	..	2	1	13	50	8	38
1890	..	4	5	2	1	3	45
1891	..	7	1	..	36	15	29
1892	..	9	..	..	4	4	30
1893	..	9	1	..	..	7	44
1894	1	6	3	13	54	25	15
1895	..	5	3	19	3	20	61
1896	..	12	3	9	35	8	44
1897	..	3	4	6	16	6	80
1898	..	6	5	10	29	4	131
1899	..	18	5	3	13	39	63
1900	..	6	22*	17	50	2	75
1901	..	15	31	18	3	32	83
1902	..	6	31	10	..	9	28
1903	3	2	34	5	57	15	34
1904	1	1	11	10	..	48	49
1905	..	6	13	1	60	1	31
1906	..	4	12	5	1	38	138
1907	..	1	10	4	20	4	34
1908	..	1	8	7	3	20	47
1909	..	4	11	24	67	29	18
1910	..	5	15	25	6	10	16
1911	..	1	17	30	66	30	51
1912	..	..	30	17	52	34	6
1913	..	2	33	2	9	22	21
1914	..	2	12	6	25	15	24
1915	..	5	37	14	87	13	16
1916	..	1	49	6	42	45	14
1917	..	1	26	4	21	1	9
1918	..	1	20	4	8	11	12
1919	..	2	16	1	14	8	3
1920	..	..	9	2	14	12	8
1921	..	1	8	4	1	4	14
1922	..	..	..	2	25	16	1
1923	..	1	7	..	6	12	1
1924	..	..	8	1	1	15	0
1925	..	..	15	..	13	9	3
1926	..	1	5	..	2	11	1
1927	..	..	21	1	5	6	0
1928	..	1	42	2	6	4	0

\* From this date deaths from Membranous Croup have been classified under Diphtheria.



TABLE II.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1928.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED						TOTAL CASES NOTIFIED IN EACH WARD OF THE CITY. (The wards were all revised from April 1st.)												Cases removed to Hospital.						
	At Ages—Years.						1st April to 31st December.																		
	At all Ages.						1st January to 31st March.																		
	Under 1	1 and under 5.	5 and under 15.	15 & under 25.	25 & under 45.	45 & under 65.	65 & upwards.	All Saints	Bablake	Cheylesmore	Foleshill	Grey Friars	Hannall	Hill Fields	Longford	Radford	St. Mary's	St. Paul's		Lower Stoke	Upper Stoke	Westwood			
Small-pox .. ..	116	7	58	18	18	13	2	2	..	..	6	..	1	..	..	4	3	2	..	5	23	36	2	1	116
Cholera (C) Plague (P) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria including Mem- branous Croup) .. ..	251	3	49	172	13	11	3	3	3	1	3	4	9	6	5	2	13	29	20	10	20	14	7	19	9
Erysipelas .. ..	67	1	4	2	20	27	7	..	..	2	..	2	2	1	2	1	1	4	1	2	2	5	3	5	5
Scarlet fever .. ..	562	1	77	376	79	26	3	7	16	12	14	5	13	14	8	16	41	24	8	48	22	13	36	39	37
Typhus fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever .. ..	3	..	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..
Relapsing fever (R) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever (C) ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
Puerperal fever .. ..	6	..	..	..	6	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Puerperal Pyrexia .. ..	20	..	..	7	13	..	..	1	1	..	1	2	1	1	1	..	1	..	2	..	..	..	..	2	..
Cerebro-spinal Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis .. ..	3	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..
Ophthalmia Neonatorum ..	23	23	..	..	..	..	..	..	2	1	..	1	1	..	..	1	..	1	..	1	..	1	1	2	1
Respiratory Tuberculosis† ..	197	..	13	54	89	35	6	3	8	3	3	1	5	3	2	6	9	9	10	8	8	14	8	12	9
Other forms of Tuberculosis†	47	2	15	9	7	3	..	..	..	4	1	2	..	1	1	..	4	2	2	..	2	4	5	1	2
Malaria .. ..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Dysentery .. ..	2	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Acute Primary Pneumonia ..	126	4	12	23	40	23	8	1	5	5	3	2	4	1	2	2	2	5	5	..	3	9	7	4	9
Acute Influenzal Pneumonia	30	1	2	4	14	5	3	2	3	2	..	2	1	2	2	..	1	1	1	1	2	1	1	..	..
Acute Encephalitis Lethargica	8	..	1	2	1	3	..	..	..	1	1	..	..	..	..	1	..	..	..	..	1	1	1	..	..
Acute Polio-Encephalitis ..	909	31	234	619	8	1	..	3	1	3	9	7	7	9	10	7	73	63	25	82	73	53	9	39	138
Chicken Pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	46	73	53	9	39	138
Totals .. ..	2371	66	402	1270	233	256	116	22	38	35	42	28	44	37	33	39	152	140	76	165	156	153	79	121	212
							29													127	156	153	79	121	212
																					</				

† These are cases removed to Sanatoria only.

Isolation Hospital or Hospitals, Sanatoria, &c.:—City Hospital and Pinley (Small Pox) Hospital, Coventry; Warwickshire King Edward VII.

Respiratory Tuberculosis 95; Other forms of Tuberculosis 15

## WEEKLY RETURNS OF INFECTIOUS DISEASES.

WEEK ENDING.	Small Pox.	Scarlet Fever.	Diphtheria.	Typhoid Fever.	Puerperal Fever.	Erysipelas	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Ophthalmia Neonatorum.	Cerebro- Spinal Fever.	Acute Poliomyelitis	Encephalitis Lethargica.	Malaria.	Influenzal Pneumonia.	Primary Pneumonia.	Polio- Encephalitis.	Dysentery.	Chicken Pox.	Puerperal Pyrexia.
1928.																			
January 7	..	14	2	..	..	..	3	..	..	..	..	..	..	1	3	..	..	10	..
14	1	12	3	..	..	3	2	4	1	..	..	..	..	3	2	..	..	5	1
21	1	16	3	..	..	..	..	1	..	..	..	..	..	1	5	..	..	4	3
28	1	12	4	..	1	..	1	2	1	..	..	..	..	1	2	..	..	5	1
February 4	..	6	4	..	..	1	6	..	2	..	..	..	..	2	6	..	..	2	..
11	2	8	7	..	..	..	3	..	..	..	..	..	..	..	3	..	..	2	..
18	..	10	7	..	..	1	6	1	..	..	..	..	..	..	4	..	..	1	..
25	2	8	5	..	..	2	13	1	..	..	..	..	..	1	3	..	..	5	..
3	4	9	4	..	1	1	3	1	2	..	..	..	..	4	1	..	..	2	1
10	1	10	7	..	..	1	2	2	..	..	..	..	..	1	..	..	..	5	..
17	..	6	1	..	..	1	3	2	1	..	..	2	..	..	1	..	..	8	..
24	..	24	2	..	..	..	5	1	..	..	..	..	..	..	3	..	..	19	..
31	3	9	3	..	..	1	5	1	1	..	..	1	..	1	3	..	..	13	..
7	..	12	1	..	..	..	3	..	1	..	..	..	..	..	1	..	..	27	..
14	..	16	7	..	..	1	3	1	..	..	..	..	..	..	4	..	..	31	..
21	1	14	5	..	..	1	4	..	..	..	..	..	..	..	3	..	..	53	1
28	3	15	4	..	..	2	2	1	1	..	..	..	..	..	3	..	..	28	1
5	2	16	4	..	..	2	5	..	2	..	..	..	..	..	2	..	1	42	..
12	7	11	2	..	..	2	6	..	..	..	..	..	..	1	3	..	..	45	..
19	3	20	2	..	..	2	..	3	1	..	..	..	..	1	1	..	..	26	..
26	6	13	3	..	..	..	6	..	1	..	..	..	..	..	3	..	1	62	1
2	2	11	4	..	..	3	4	1	1	..	..	..	..	..	6	..	..	29	2
9	6	8	3	..	..	1	5	..	..	..	..	1	..	..	7	..	..	67	..
16	3	7	5	..	..	1	4	..	1	..	..	1	..	..	6	..	..	48	..
23	2	13	3	..	..	1	2	2	..	..	..	..	..	2	3	..	..	41	..
30	3	5	7	..	1	1	6	1	..	..	1	..	..	..	1	..	..	43	..
7	1	7	1	..	..	2	2	6	..	..	..	..	..	..	3	..	..	37	2
14	..	9	3	..	1	3	3	2	..	..	..	..	..	1	1	..	..	46	..
21	..	8	7	..	..	1	2	..	2	..	..	..	..	..	2	..	..	26	..
28	..	5	6	..	1	2	8	..	..	..	..	..	..	..	..	..	..	24	..
March 4	..	7	3	..	..	..	6	1	1	..	..	2	..	..	1	..	..	23	2
11	..	6	1	..	..	..	6	..	1	..	..	..	..	1	..	..	..	8	..
18	..	8	4	..	..	2	4	..	..	..	..	..	..	..	3	..	..	14	1
25	6	12	5	1	..	1	3	1	..	..	..	..	..	..	2	..	..	6	..
April 1	..	4	3	..	..	2	6	..	..	..	..	..	..	..	2	..	..	13	..
8	10	5	6	..	..	1	5	2	1	..	..	..	..	1	..	..	..	6	..
15	5	7	12	..	1	1	5	1	..	..	1	..	..	..	..	..	..	6	..
22	5	10	7	1	..	1	7	..	..	..	..	..	..	..	..	..	..	7	..
29	7	16	8	..	..	3	5	..	1	..	..	..	..	..	1	..	..	5	1
May 6	4	13	4	..	..	1	5	1	..	..	..	..	..	1	2	..	..	8	..
13	3	8	17	..	..	..	4	..	..	..	..	..	..	..	3	..	..	1	1
20	4	8	6	..	..	..	1	2	1	..	..	..	..	..	3	..	..	6	..
27	5	12	5	..	..	5	3	1	..	..	..	..	..	..	1	..	..	4	..
June 3	2	17	6	..	..	1	6	..	..	..	1	..	..	..	2	..	..	6	..
10	8	11	5	..	..	1	4	2	..	..	..	..	1	..	1	..	..	8	..
17	1	10	9	..	..	1	2	1	..	..	..	..	..	1	3	..	..	4	..
24	..	9	8	..	..	2	1	..	..	..	..	..	..	3	4	..	..	3	..
July 1	1	7	6	..	..	1	..	1	..	..	..	..	..	..	4	..	..	2	..
8	..	14	5	..	..	2	2	..	..	..	..	..	..	..	1	..	..	6	..
15	..	22	1	..	..	..	1	..	..	..	..	1	..	1	..	..	..	1	..
22	..	9	6	..	..	2	4	..	..	..	..	..	..	1	2	..	..	4	2
29	1	11	4	1	..	3	..	..	..	..	..	..	..	2	3	..	..	7	..
TOTALS	116	560	250	3	6	66	197	47	23	..	3	8	1	30	123	..	2	907	20



## Diphtheria.

During the year 251 cases of Diphtheria were notified, and 42 deaths were registered from this cause. The attack rate was 1.61 per 1,000 of the population, and the mortality from this disease was 0.26. One hundred and nineteen of the notified cases (*i.e.*, 47.4 per cent.) were admitted to the City Hospital.

For England and Wales the case rate for the year per 1,000 population was 1.55, and the death rate 0.06.

### DIPHTHERIA :

Comparison of the Fatality, Incidence, and Mortality from, in different years.

Year.	Estimated Population.	Total No. of Cases Notified.	No. of Deaths Registr'd.	Fatality per cent.	No. of Cases Treated in Hospital.	Attack Rate per 1000 Population.	Per-centage removed to Hospital.	Mortality per 1000 Population.
1890	49,500	15	6	40.0	..	0.30	..	0.120
1891	52,724	14	4	28.5	..	0.26	..	0.075
1892	54,000	19	2	10.5	..	0.35	..	0.037
1893	54,700	10	2	20.0	..	0.18	..	0.036
1894	55,300	21	5	23.8	..	0.38	..	0.090
1895	56,000	12	6	50.0	..	0.21	..	0.100
1896	59,151	17	6	35.3	..	0.28	..	0.100
1897	61,234	25	10	40.0	..	0.40	..	0.160
1898	61,555	33	15	45.4	..	0.53	..	0.240
1899	61,796	53	16	30.2	..	0.85	..	0.250
1900	70,075	66	22	33.3	..	0.94	..	0.310
1901	70,300	139	31	22.1	4	1.97	2.8	0.440
1902	73,000	136	31	22.8	3	1.86	2.2	0.420
1903	75,700	127	34	26.7	1	1.67	0.7	0.450
1904	77,500	78	11	14.1	4	1.00	5.1	0.140
1905	81,000	67	13	19.4	3	0.82	4.4	0.160
1906	83,900	59	12	20.3	7	0.70	11.8	0.140
1907	87,000	43	10	23.2	1	0.49	2.3	0.110
1908	91,000	108	8	7.4	9	1.18	8.3	0.087
1909	93,500	121	11	9.0	8	1.20	6.6	0.110
1910	102,000	104	15	14.4	2	1.02	1.9	0.147
1911	107,287	161	17	10.5	13	1.50	8.0	0.158
1912	111,166	216	30	13.8	8	1.94	3.7	0.269
1913	115,064	187	33	17.6	20	1.62	10.7	0.286
1914	119,003	135	12	8.8	9	1.13	6.6	0.010
1915	122,982	209	37	17.7	31	1.69	14.8	0.300
1916	127,089	343	49	14.2	76	2.69	22.1	0.385
1917	130,000	178	26	14.6	34	1.36	19.1	0.200
1918	133,000	108	20	18.5	35	0.81	32.4	0.157
1919	136,000	136	16	11.7	49	1.00	36.0	0.117
1920	140,000	85	9	10.5	21	0.60	24.7	0.064
1921	128,205	102	8	7.8	27	0.79	26.4	0.060
1922	129,000	45	..	..	8	0.35	17.7	..
1923	130,500	77	7	9.0	17	0.59	22.1	0.050
1924	132,000	70	8	11.4	12	0.53	17.1	0.060
1925	133,500	190	15	7.8	24	1.42	23.1	0.110
1926	135,000	95	5	5.2	33	0.70	34.7	0.030
1927	139,000	186	21	11.3	60	1.34	32.2	0.151
1928	161,600	251	42	16.7	119	1.61	47.4	0.260



## THE PREVENTION OF DIPHTHERIA.

In 1927 I reported concerning a method of immunisation against Diphtheria.

The matter was adjourned until such time as the services of an Assistant Medical Officer of Health were available for the additional work that would be entailed.

A commencement has since been made in Diphtheria immunisation by immunising the nursing and domestic staff of the City Hospital. A large number of circulars have been issued at the Welfare Centre and in selected schools, and during the writing of this Report some hundreds of applications have been received. This work is being proceeded with.

The following is a copy of the circular issued :—

### DIPHTHERIA.

READ THIS CAREFULLY. YOUR CHILD'S LIFE MAY DEPEND UPON IT.

During 1926 there were in Coventry 5 deaths from Diphtheria. In 1927 there were 21 deaths, and during 1928 there have been 42 deaths.

This disease is on the increase in Coventry, and the type of disease is more severe than in former years. The majority of deaths that occur are among children below 14 years of age, who are more liable to be attacked by Diphtheria than older people. By means of a test known as the Schick Test it is now possible to find out those people who are liable to take Diphtheria and those who are not. Also, by means of inoculations, it is now possible to prevent people liable to Diphtheria from taking it.

This protection is developed within a few months of the third inoculation and lasts for years. Its use would save the lives of many children who might otherwise die from Diphtheria.

The tests and inoculations are practically painless and cause little or no inconvenience to children.

The Public Health Committee have decided to make a free offer of this protection against Diphtheria to all those parents who wish it for their children.

To take advantage of this offer fill in and *sign* the perforated portion of this leaflet and hand it in at the Welfare Centre, or send it to the Public Health Department.

HAVE YOUR CHILDREN PROTECTED AGAINST DIPHTHERIA  
BEFORE IT IS TOO LATE.

E. H. SNELL,

Medical Officer of Health.

### **Scarlet Fever.**

Five hundred and sixty-two cases of Scarlet Fever were notified during the year, and two deaths were registered as due to this disease. The attack rate per 1,000 of the population was 3.47, and the death rate 0.012. Four hundred and eighty-six (*i.e.*, 86.4 per cent.) of the notified cases were removed to the City Hospital.

In England and Wales the case rate per 1,000 population was 2.61, and the death rate 0.01.

### **Typhoid Fever.**

There were three cases notified as Typhoid Fever, and one death was registered as due to this disease.

Two of the cases were treated at the Coventry and Warwickshire Hospital and both recovered.

The third case—that of a man aged 77, an inmate of an almshouse—was notified as suffering from Paratyphoid Fever. He had been ill for several months and no bacteriological confirmation of the diagnosis was obtained. He died one day after being notified.

### **Chicken Pox.**

This disease was made compulsorily notifiable within the City by an Order of the City Council on July 31st, 1923, under the provisions of the Infectious Disease (Notification) Act, 1889, Section 7 (1). The Order came into force on August 13th, 1923, and was for a period of six months; it has since been renewed for similar periods.

In 1928 the number of notifications received was 909; and intimations were received from school teachers in regard to 571 cases amongst school children.

### **Acute Encephalitis Lethargica.**

Eight cases of this disease were notified during the year, and eleven deaths were attributed to it.

The number of notifications of this disease is shown in the following table :—

	1920	1921	1922	1923	1924	1925	1926	1927	1928	Total in 9 years.
Notifications	8	5	..	7	48	20	18	14	8	128
Deaths ..	6	3	..	3	8	13	9	7	11	60

An analysis of the notifications of, and the deaths from this disease during 1928 shows the age incidence of attack and of decease :—

			Ages in years							Total
			0-1	1-5	5-15	15-25	25-45	45-65	over 65	
Notifications ..	..	..	..	1	1	2	1	3	..	8
Deaths ..	..	..	..	1	1	3	..	5	1	11

### SMALL POX.

The number of notifications of Small Pox received during the year was 121. These cases were all admitted to the Pinley Hospital, and after observation four of them were found to be suffering from Chicken Pox and one from Purpura. The notifications in these five cases were withdrawn, thus leaving 116 definite cases. One of these was remaining in hospital at the close of the year. Elsewhere the incidence of these 116 small pox cases amongst particular wards is shewn (v. p. 66). It will be seen that the greatest number of cases came from St. Mary's, Radford and Foleshill Wards.

During the first half of the year the disease shewed itself in the north-east portion of the City in the added areas, which quickly gave to the Health Department added responsibilities. Whitmore Park Cottages yielded ten cases, as did Corporation Cottages, while two came from Munition Cottages.

In the second half of the year, a larger outbreak occurred in the centre of the City. Well Street area, Spon Street and Chantry Place yielded a large number of cases. Responsible for many of these cases in the City's centre was a minor epidemic



at Wheatley Street School, no less than 18 children from this school being admitted to Pinley Hospital with small pox.

In one particular group of cases, the starting point in the outbreak was definitely traced to the importation of small pox from Nottingham by a workman, who on feeling ill at Nottingham, returned to his parents at Coventry, bringing small pox with him.

In view of the resources of modern preventive medicine, it may seem unusual that so many cases of small pox occurred in the City during the year.

But it must be remembered that modern life, with all its 20th century amenities, tends to assist the spread of contagious diseases. Where formerly lack of transport facilities tended towards isolation of individuals, now travel facilities, the theatre, the cinema, the dance hall, the football ground, all facilitate the spread of contagious disease.

Further, we are rapidly becoming in this country an unvaccinated community, so that it can be anticipated and even predicted that one case of small pox will produce other cases among unvaccinated contacts.

#### *Severity of the Disease.*

On the whole the outbreak was mild in type although several cases had such severe symptoms as delirium and high temperature after admission and were heavily scarred on discharge.

Eighty-three cases fell into Group (VI.), *i.e.*, they had less than 100 pocks on the face and head.

Thirty-one cases were in Group (V.), *i.e.*, had 100 to 500 pocks in that situation.

Two cases fell into Group (IV.)—severe Discrete Small Pox.

One nine-year old girl died from Acute Primary Pneumonia. She was admitted, with other members of her family with a very mild attack of small pox—developed symptoms of pneumonia within a few days after admission and rapidly succumbed. There was no connection between her mild attack of small pox and the fatal pneumonia.

#### VACCINATION STATE.

Of the 116 cases of small pox, 19 only had been previously vaccinated whilst 97 were unvaccinated.

	Total.	M.	F.	Age Groups of Small Pox Cases.							
				0-1	1-5	5-15	15-25	25-35	35-45	45-65	65 & over
All Cases	116	61	55	..	7	59	18	10	9	11	2
Number vaccinated in Infancy	19	9	10	..	..	..	..	4	2	11	2

There were no cases among the vaccinated staff in attendance on the patients, nor did the vaccinated child of the hospital caretaker, continuously in contact with small pox cases through the year, develop the disease.

Of the 59 children between 5 and 15 years of age who contracted small pox, not one had been vaccinated, and the youngest patient who had been vaccinated in infancy was 25 years old.

#### CONTROL OF SMALL POX WITHIN THE CITY.

The following are the routine steps taken locally to deal with the disease.—

- (1) A notified case of Small Pox is usually seen by the Public Health Medical Staff before its admission to hospital.
- (2) A confirmatory letter is sent to the Medical Practitioner concerned and a letter both to the Public Vaccinator and the Vaccination Officer.
- (3) A Sanitary Inspector—specially experienced in small pox work—visits the infected house, advises *re* vaccination, disinfection, etc., and takes details of *all* possible contacts.
- (4) The Sanitary Inspector re-visits all contacts at the time when they might reasonably be expected to be ill if developing small pox; any suspicious illnesses are at once reported to the Public Health Medical Staff, who immediately visit the suspected case.
- (5) All Chicken Pox cases are notifiable at present within the City; and a large number of notified cases are enquired about by the Sanitary Inspector and, if necessary, by a Medical Officer.
- (6) All known contacts of a small pox case outside the City are kept under observation. All head teachers notify any known or suspected case of chicken pox to the Medical Officer of Health.

The subjoined table shews how the cases were ascertained :—

Request from Doctors for assistance in diagnosis	43
Following up of contacts ... ..	37
Following up of Chicken Pox notifications ...	6
Examination at School Clinic ... ..	1
Head Teachers' notifications ... ..	1
When examining primary cases ... ..	4
Notified direct by Doctors ... ..	29
	<hr/>
	121
	<hr/>

### Vaccination.

The following are the returns of the Vaccination Officer for the past six years :—

Year.	Births.	Deaths Unvaccinat'd	Vaccinated.	Unvaccinat'd	Percentage Vaccinated
1923	2421	149*	411	1862	16·9
1924	2354	177	476	1701	20·2
1925	2377	127	850	1400	35·75
1926	2377	156	594	1627	25·0
1927	2247	112	542	1593	24·12
1928	2427	151	558	1718	22·99

\* One of the deaths related to a birth registered elsewhere.

	Declarations made of Conscientious Objection.			
1923	...	...	...	1,342
1924	...	...	...	1,082
1925	...	...	...	1,338
1926	...	...	...	1,478
1927	...	...	...	1,361
1928	...	...	...	1,461

It will be seen that this community is largely an unvaccinated one.

In the year ended December 31st, 1928, there were 1,053 persons—other than children coming under the Act of 1867—who



were vaccinated, and of these 841 were primary cases, and 212 were re-vaccinations. (These figures relate only to the work of the Public Vaccinators).

### **Other Notifiable Infectious Diseases.**

During the year, 126 cases of *Acute Primary Pneumonia* and 30 cases of *Acute Influenzal Pneumonia* were notified.

The deaths registered from all forms of *Pneumonia* numbered 80.

One notification of *Malaria* which had been contracted abroad was received.

Three cases were notified as *Acute Poliomyelitis*—a child aged 4 and two adults aged 24 and 26 years. All three were admitted to the Coventry and Warwickshire Hospital.

Two cases were notified as suffering from *Dysentery*.

No notifications were received in regard to the following :—*Typhus Fever*, *Relapsing or Continued Fever*, *Cerebro-Spinal Meningitis*, and *Acute Polio-Encephalitis*.

### **Anthrax.**

On the 31st July I received an intimation from the House Surgeon at the Coventry and Warwickshire Hospital about two male patients suffering from malignant pustule or *Anthrax*. *Anthrax* is not a notifiable disease except to the Home Office. As, however, these two men had been working for a butcher at Tile Hill, it was thought desirable to follow the matter up, and after considerable investigation, it was thought that the infection was derived from a common source, namely a heifer, in the slaughtering of which both men assisted on the 20th July; the heifer belonged to a man living in a neighbouring rural district. It was slaughtered at a farm in that district, and owing to some abnormality about the spleen, the district Sanitary Inspector was called in; he caused the spleen to be destroyed but passed the carcase. Most of the carcase was then sold except the hind quarter, which was in cold storage. Bacteriological examination of this portion failed to find the *Anthrax* bacillus, but as the spleen is the organ where this would primarily be sought for, the examination was not conclusive. The hind quarter was destroyed.

## Epidemic Influenza.

The deaths from this disease occurring during the year numbered 15.

## BACTERIOLOGICAL DIAGNOSIS OF INFECTIOUS DISEASE.

The total number of specimens examined is given below :—

			Samples sent.	Result positive.	Result negative.
Typhoid Fever	...	...	9	—	9
Diphtheria	...	...	1598	597	1001
Phthisis	...	...	848	153	695
Syphilis	...	...	718	255	463
Gonorrhœa	...	...	160	87	73
Spirochetes, &c.	...	..	22	13	9.
			—	—	—
Totals	...		3355	1105	2250
			—	—	—

Of the above specimens, 703 Diphtheria swabs were sent from the City Hospital, and 559 Wassermann samples from the Venereal Diseases Treatment Centre, Coventry and Warwickshire Hospital.

In ascertaining the freedom from infection of school children who had suffered from or been in contact with Diphtheria, the School Nurses took 591 swabs.

## SCHOOLS.

As, in this City, the Medical Officer of Health is also the School Medical Officer, the two annual reports are issued together, and some amount of repetition is thereby avoided. (See page 157).

Under Section 39 of the Corporation Act, 1900, the person in charge of any school or department of a school is required to notify the Medical Officer of Health when it is stated that a scholar is suffering from an infectious disease. All known schools and departments of schools are supplied with stamped addressed forms for this purpose by your Public Health Committee, and on page 77 is given a table of the notifications received during the year.

# Notifications received from Schools, 1928.

SCHOOL.	Measles.	Whooping Cough.	Chicken Pox.	Small Pox	Scarlet Fever	Diphtheria	Mumps.	Sorethroat & sickness	Miscellaneous	TOTALS.
<b>Elementary Schools:</b>										
Broad Street, Boys ..	..	..	..	..	..	1	..	..	..	1
Centaur Road, Girls..	..	..	2	..	1	..	..	..	..	3
"    Infants	1	..	..	..	..	..	..	..	..	1
Cheylesmore, Boys..	..	..	..	..	..	1	1	..	1	3
"    Girls	..	..	..	..	..	..	1	..	..	1
"    Infants	..	..	31	5	4	5	39	42	3	129
Earlsdon, Girls ..	..	2	1	..	1	3	..	..	1	8
"    Infants ..	4	1	31	..	2	2	1	..	5	46
Edgewick, Mixed ..	..	2	4	..	..	1	..	..	1	8
"    Infants ..	..	8	..	..	1	..	13	..	..	22
Folly Lane, Girls ..	..	..	..	..	..	2	..	..	..	2
Foxford, Infants ..	..	..	4	..	1	..	..	..	..	5
Fredk. Bird Sen., Boys	..	..	7	..	1	..	..	..	..	8
"    Sen., Girls	3	..	8	..	..	..	4	..	2	17
"    Jun., Mixed	..	..	8	..	1	..	..	..	..	9
"    Jun., Infants	50	7	2	..	1	..	..	..	..	60
Holbrook Lane, Boys	..	..	3	4	..	1	..	..	8	16
"    Girls	1	..	1	..	..	..	..	..	..	2
"    Infants	10	3	50	14	4	7	..	..	4	92
John Gulson, Boys ..	1	..	1	..	1	1	..	..	..	4
"    Infants	31	4	1	..	4	..	3	..	..	43
Little Heath, M. & Inf.	..	..	42	..	2	..	..	..	1	45
Narrow Lane, Sen., M.	..	..	..	3	..	..	..	..	..	3
"    Jun., M.	..	..	4	4	5	1	1	..	7	22
Paradise, Infants ..	5	3	2	..	1	3	..	..	..	14
Radford, Sen., Mixed	..	..	1	..	..	..	5	..	1	7
Red Lane, Girls ..	..	..	2	..	4	..	..	..	..	6
"    Infants ..	8	8	..	..	..	1	..	..	1	18
St. Peter's Junior ..	7	6	12	..	..	..	1	..	..	26
South Street, Girls ..	..	..	..	..	4	2	..	..	..	6
"    Infants	3	1	8	..	..	..	4	..	1	17
Spon Street Boys ..	1	..	3	1	3	4	..	..	..	12
"    Girls ..	..	..	10	..	7	1	..	..	..	18
"    Infants	..	..	19	..	2	1	1	..	1	24
Stoke Council, Boys..	..	..	5	..	3	..	1	..	1	10
"    Girls..	..	..	3	..	2	4	..	..	..	9
"    Infants	52	13	65	..	24	10	58	..	4	226
Wheatley St., Boys ..	..	..	8	3	..	..	..	..	..	11
"    Girls ..	2	1	5	1	3	..	..	..	..	12
"    Infants	15	..	6	..	..	..	3	..	1	25
Windmill Lane, Boys	..	..	3	..	4	..	..	..	1	8
"    Girls	..	..	..	..	1	..	..	..	..	1
"    Infants	8	1	36	..	43	1	8	..	64	161
Wyken Grange, S. M.	5	..	38	..	5	..	2	..	6	56
"    Infants	77	9	41	..	3	..	4	..	6	140
Allesley C.E., M. & Inf.	..	..	13	..	1	..	22	..	..	36
All Saints' C.E. Mixed	2	..	..	..	..	8	1	..	2	13
Foleshill C.E. Mixed	..	..	..	3	1	..	..	..	..	4
"    Infants	..	1	..	..	..	1	..	..	1	3
Longford C.E., M. & I.	..	..	1	6	..	..	..	..	..	7
Sacred Heart R.C. ..	16	..	1	..	1	..	..	..	..	18
St John's C.E. Sen.	3	1	2	..	..	..	1	..	..	7
"    Junior	..	..	3	..	1	..	..	..	..	4
St. Mark's C.E. Mixed	..	..	6	..	2	..	3	..	..	11
"    Infants	22	12	38	..	1	..	..	..	..	73
St. Mary's R.C., M. & I.	7	..	11	..	2	..	..	..	1	21
St. Michael's C.E., S.	..	..	14	..	..	..	..	..	..	14
"    Infants	11	..	6	..	..	..	..	..	..	17
St. Osburg's R.C., M.	..	..	7	..	..	..	..	..	..	7
"    Infants	16	..	..	..	3	..	..	..	..	19
Stoke C.E., M. & Inf.	..	11	1	..	..	..	1	..	..	13
Vestwood Heath C.E. Mixed and Infants	..	..	..	..	1	..	..	..	..	1
All Souls R.C. ..	..	..	..	..	..	..	1	..	..	1
<b>Private School.</b>										
King Henry VIII. ..	..	..	1	..	..	..	..	..	..	1
<b>TOTALS</b> ..	361	94	571	44	151	61	179	42	124	1627

No returns were received from the following:—

*Elementary Schools:*—Broad Street Girls, Broadway, Centaur Road Boys, Folly Lane Boys, Folly Lane Infants, Foxford Mixed, John Gulson Girls, Radford Junior Mixed, Red Lane Boys, South Street Boys, All Saints' Infants, St. Elizabeth's and Wheatley Street Special.

*Primary Schools:*—Barr's Hill, Stoke Park and Junior Technical.



## Cleansing of Verminous Persons.

Facilities for the cleansing and disinfecting of persons are provided at the Coventry Union, and by permission of the Guardians may be utilised by any infested persons.

A cleansing Centre is provided at the School Clinic for the use of children. Figures showing the extent to which this has been used are given on page 166.

The Council has adopted Sections 48 and 49 of the Public Health Act, 1925, which contain certain powers in relation to the cleansing of verminous persons. The Discharge Block at the City Hospital has been made available in this connection.

## Death Rate from Infectious Diseases.

The deaths and death rate from the seven principal infectious diseases are set out in the table hereunder :—

	Notified	Died.	Case Fatality per cent.
Small Pox ... ..	116	—	—
Scarlet Fever ... ..	562	2	0·35
Diphtheria .. ...	251	42	16·73
Typhoid Fever ... ..	3	1	33·33
Measles ... ..	—	6	—
Whooping Cough ..	—	4	—
Epidemic Diarrhoea ...	—	—	—
		55	

This corresponds to a death rate of 0·34. The average for the previous ten years was 0·27. The proportion of this rate attributable to each of these diseases is shown hereafter, together with a comparative statement of the similar figures for the rest of the country (except in regard to Diarrhoea, in which case the figures give the number of deaths from this cause among children under two years of age per 1,000 births).

	Coventry	England and Wales	107 Great Towns.	156 smaller Towns.
Small Pox .. .. .	0·000	0·000	0·000	0·000
Scarlet Fever .. ..	0·012	0·01	0·02	0·01
Diphtheria .. .. .	0·200	0·06	0·09	0·08
Typhoid Fever .. ..	0·006	0·01	0·01	0·01
Measles .. .. .	0·037	0·11	0·15	0·08
Whooping Cough .. ..	0·024	0·07	0·09	0·06
Diarrhoea and Enteritis .. (See note above).	5·1 *	7·0	9·6	4·8

\* This figure is based on the deaths of children under two years from Diarrhoea (including thereunder deaths from diseases other than Epidemic Diarrhoea and Infective Enteritis), in order that the rate may be comparable with that for the rest of the country.

It will be noted from the above figures for the year that—with the exception of Diphtheria—they compare favourably with the rest of the country.

### TUBERCULOSIS.

During the year 303 new cases of Pulmonary Tuberculosis, and 70 new cases of Non-Pulmonary Tuberculosis came to the notice of this Department. Of these numbers, 95 Pulmonary and 18 Non-Pulmonary cases were absorbed into the register following the Boundary Extension.

There were 140 deaths registered as due to Pulmonary Tuberculosis, and 21 to other forms of Tuberculosis, giving a death rate of 0.86 for Pulmonary Tuberculosis and a rate of 0.99 for all forms of the disease.

The routine steps taken locally to combat this disease have been dealt with in previous reports.

In 10 instances (5 pulmonary and 5 non-pulmonary) deaths were registered in the City as due to this disease, although no notification had been received that the deceased were suffering from tuberculosis. In these cases the attention of the medical man was called to his failure to notify. In addition, six inwardly transferable deaths, registered as due to this disease (all pulmonary) related to persons who had not been notified.

It will be seen that of the 161 persons dying from tuberculosis during the year, there were 16 in regard to whom this Department had no previous knowledge, *i.e.*, 9.9 per cent., or approximately one out of every ten.

It may be noted with satisfaction from the Table on page 84 that for the first time since we had records the total death rate from all forms of Tuberculosis has fallen below one per thousand of the population.

RETURN OF NOTIFICATIONS RECEIVED IN 1928 UNDER THE PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Age Periods.  1	Number of Notifications on Form A.												Number of Notifications on Form B. †				Number of Notifications on Form C.		
	* Primary Notifications.												Total Notifications on Form A 14	Primary Notifications*			Total Notifications on Form B 19	Poor Law Institutions. 20	Sana- toria. 21
														Under 5 15	5 to 10 16	10 to 15 17			
	0 to 1 1 2	1 to 5 5 3	5 to 10 10 4	10 to 15 15 5	15 to 20 20 6	20 to 25 25 7	25 to 35 35 8	35 to 45 45 9	45 to 55 55 10	55 to 65 65 11	65 and upwards. 12	Total Primary Notifications 13							
Pulmonary, Males	..	..	3	1	7	18	33	25	22	7	5	121	..	..	..	..	73		
„ Females	..	..	4	4	14	15	16	15	4	2	1	75	..	1	1	2	47		
Non-Pulmonary, Males..	1	11	4	3	4	1	1	2	..	3	..	30	..	..	..	..	6		
„ Females	1	4	3	1	1	3	1	3	..	..	..	17	..	..	..	..	3		

The following **Supplemental** Return shows the number of NEW cases which came to the knowledge of the Department in 1928 otherwise than by notification on Form A and B as given above.

TABLE OF BOUNDARIES															
SUMMARY															
Pulmonary															
Non-Pulmonary															
Pulmonary, Males	..	..	..	..	3	4	5	14	18	5	4	..	53	197	47
Females	..	..	..	..	2	7	6	15	17	5	1	..	53	95	18
Non-Pulmonary, Males	1	1	3	..	2	4	1	2	..	..	..	..	14	5	5
Females	..	1	2	2	1	..	..	3	..	..	..	..	9	6	..
Totals													303	70	



Of the 145 deaths registered as due to pulmonary tuberculosis or occurring amongst notified cases of pulmonary tuberculosis it would appear that :—

44	were notified	1 year or more before death		
4	„	11 months	„	„
3	„	10	„	„
1	was	9	„	„
5	were	8	„	„
4	„	7	„	„
7	„	6	„	„
7	„	5	„	„
6	„	4	„	„
5	„	3	„	„
11	„	2	„	„
7	„	1 month	„	„
6	„	3 weeks	„	„
6	„	2	„	„
4	„	1 week	„	„
1	was	6 days	„	„
3	were	4	„	„
1	was	2	„	„
9	were	1 day	„	„

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134

11 were taken from the Death Returns

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145

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The following table shows the total number of cases of pulmonary tuberculosis which have come to our notice since 1912, the number of deaths yearly amongst those cases, the number of cases leaving the City or lost sight of, the number cancelled as cured or quiescent, and the total number of cases remaining on the register.

From this table it will be seen that of the 5,402 cases of pulmonary tuberculosis that have come to our notice since 1912—

2,223 have died, *i.e.* ... 41.1%

1,139 have left the City or been lost sight of ... 21.1%

814 have been cancelled as cured or quiescent

for 5 years or more ... 15.1%

1,226 remain on the live register ... 22.7%

(It may be noted here that there are 484 names on the live register of Non-pulmonary Tuberculosis).

Year	Number of Cases	DEATHS									Cases removed or lost sight of.	Cases cancelled by agreement with private doctors	Cases cancelled by Tuberculosis Officer	Cases cancelled: Disease quiescent for five years	Total to be taken off Register
		1912 to 1916	1917 to 1921	1922 and 1923	1924	1925	1926	1927	1928	Total Deaths					
1912	411	86	14	5	1	..	3	1	..	110	85	20	8	21	244
1913	322	118	10	..	1	1	..	2	..	132	80	6	3	34	255
1914	308	139	20	4	1	1	..	2	1	168	63	8	4	29	272
1915	427	124	47	8	2	4	4	3	1	193	88	9	7	59	356
1916	465	80	72	7	1	1	2	1	1	165	137	8	16	69	395
1917	518	..	150	6	3	3	3	3	1	169	180	11	20	82	462
1918	488	..	116	6	2	6	5	4	1	140	152	19	18	90	419
1919	346	..	111	15	4	2	..	1	1	134	70	26	20	52	302
1920	296	..	87	28	6	..	2	4	..	127	73	8	21	33	262
1921	278	..	62	41	8	9	6	7	4	137	60	7	19	27	250
1922	246	..	..	97	14	8	6	3	1	129	41	8	15	11	204
1923	238	..	..	60	30	27	7	6	5	135	34	3	5	4	181
1924	205	..	..	..	62	21	12	9	3	107	24	2	1	..	134
1925	208	..	..	..	..	66	27	20	6	119	18	1	1	..	139
1926	193	..	..	..	..	..	61	31	15	107	16	..	1	..	124
1927	150	..	..	..	..	..	..	46	23	69	10	..	..	..	79
1928	303*	..	..	..	..	..	..	..	82	82	8	..	3	5	98
Totals	5402	547	689	277	135	149	138	143	145†	2223	1139	136	162	516	4176

\* This number (303) is made up of:—Notifications on Forms A. and B. .. 197  
Information from death returns .. 11  
Cases transferred at Boundary Extension 95

† This figure (145) includes 5 deaths of notified persons registered as due to some other disease and 11 deaths of non-notified persons.

The following table is intended to show how many ex-sanatorium patients were known to be "remaining well" at the end of the year. It has been compiled since your Council first provided Sanatorium beds in 1909. It should furnish a valuable index of the permanence of the benefit derived from this form of treatment.

#### PATIENTS.

Year of Admission	No. Admitted.	Left Coventry, unable to trace.	Known to be Remaining well at end of year.														
			1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1924	1925	1926	1927
1909	19	...	7	5	4	4	4	3	3	3	3	3	3	3	2	2	
1910	20	...	10	7	5	6	5	4	2	3	3	2	3	3	2	2	
1911	23	4	16	12	9	11	9	9	6	6	4	4	4	3	3	3	
1912	46	4	19	23	21	19	21	14	14	14	12	12	9	7	10	7	
1913	60	19	...	33	38	35	30	26	26	20	19	24	17	15	15	14	1
1914	119	32	...	...	43	63	54	42	42	39	33	40	34	31	29	26	2
1915	139	21	...	...	...	86	81	81	71	62	52	58	48	48	38	40	3
1916	194	34	...	...	...	...	114	111	100	100	78	82	77	66	59	47	5
1917	179	17	...	...	...	...	...	104	97	84	74	84	79	58	55	54	4
1918	157	3	...	...	...	...	...	...	51	76	64	73	72	53	53	45	4
1919	127	31	...	...	...	...	...	...	...	47	50	57	56	45	49	45	4
1920	156	38	...	...	...	...	...	...	...	...	53	76	67	44	45	42	4
1921	149	22	...	...	...	...	...	...	...	...	...	52	66	52	40	38	3
1922	110	15	...	...	...	...	...	...	...	...	...	...	44	42	34	28	2
1923	147	11	...	...	...	...	...	...	...	...	...	...	...	52	54	50	4
1924	117	8	...	...	...	...	...	...	...	...	...	...	...	21	31	40	3
1925	157	10	...	...	...	...	...	...	...	...	...	...	...	...	31	50	3
1926	167	9	...	...	...	...	...	...	...	...	...	...	...	...	...	41	4
1927	135	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
1928	149	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	2370	291															

There were 96 patients in Sanatoria on December 31st, 1928.

## PHTHISIS DEATHS.

## Occupations of Persons dying from Phthisis in 1928.

MALES.				FEMALES.			
Engineers :—				Wives .. ..	..	29	
Fitters .. ..	7			Widows .. ..	..	4	
Turners .. ..	3			Clerks .. ..	..	4	
Machinists .. ..	10			Artificial Silk Workers ..	..	3	
Toolmakers .. ..	5			Machinists .. ..	..	3	
Labourers .. ..	15			School .. ..	..	3	
Clerks .. ..	4			Charwoman .. ..	..	1	
Artificial Silk Workers ..	3			Domestic Servant .. ..	..	1	
Coremakers .. ..	2			Housekeeper .. ..	..	1	
Filers .. ..	2			Lingerie Maker .. ..	..	1	
Painters .. ..	2			Leather Dresser .. ..	..	1	
Salesmen .. ..	2			No Occupation .. ..	..	1	
Wiremen .. ..	2			Textile Worker .. ..	..	1	
Baker .. ..	1			Tracer .. ..	..	1	
Beltman .. ..	1						
Bricklayer .. ..	1						
Builder .. ..	1						
Compositor .. ..	1						
Crane Driver .. ..	1						
Dentist .. ..	1						
Draper .. ..	1						
Ebonite Worker .. ..	1						
Engineer .. ..	1						
Examiner .. ..	1						
Foundry Manager .. ..	1						
Fruiterer .. ..	1						
Joiner .. ..	1						
Lift Attendant .. ..	1						
Liner .. ..	1						
Lorry Driver .. ..							
Milkman .. ..	1						
Naval Stoker .. ..	1						
No Occupation .. ..	1						
Packer .. ..	1						
Polisher .. ..	1						
Sandblaster .. ..	1						
School .. ..	1						
Stamper .. ..	1						
Sheet Metal Worker .. ..	1						
Traveller .. ..	1						
Trimmer .. ..	1						
Watch Worker .. ..	1						
	86					54	



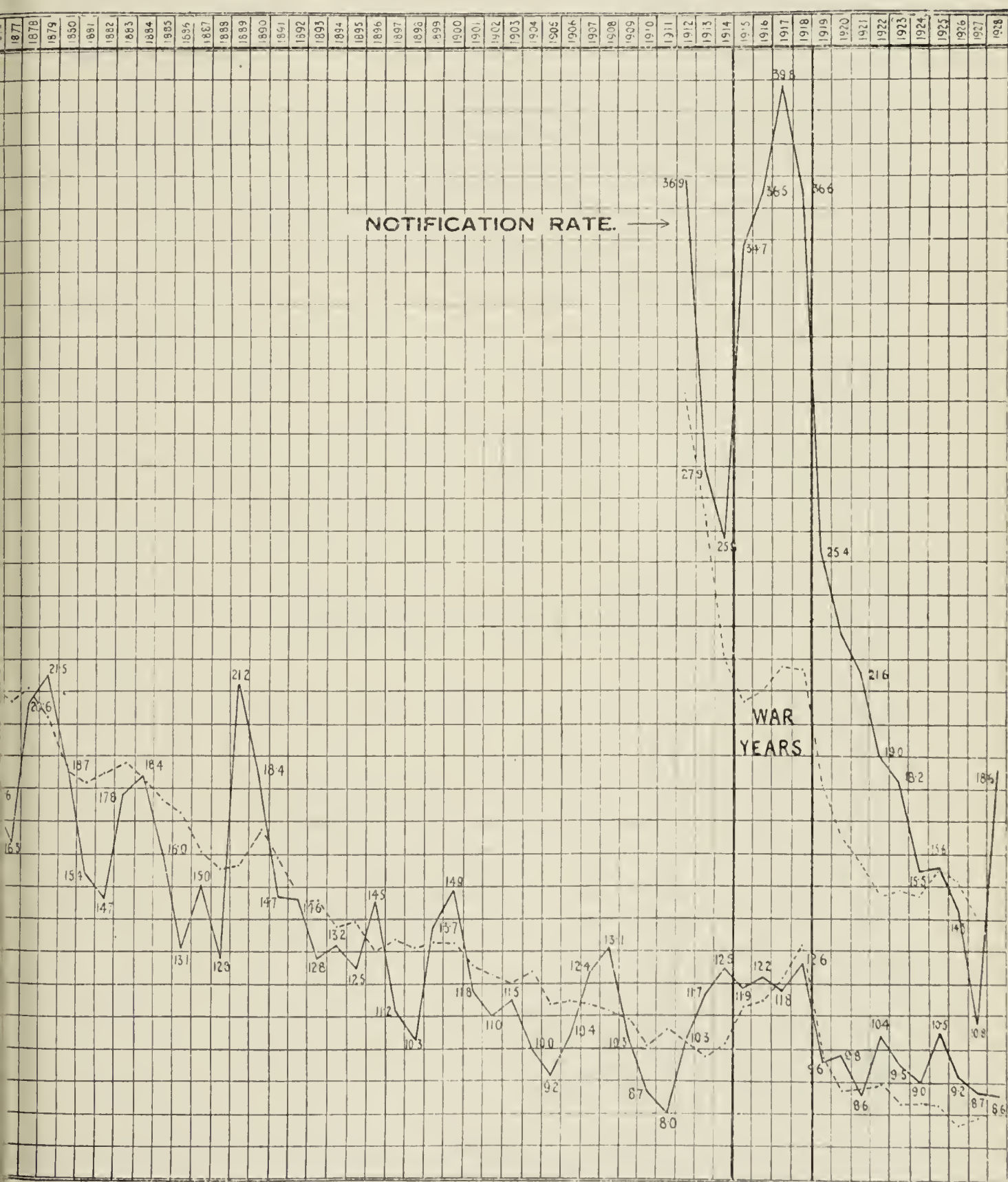
## DEATHS FROM TUBERCULOSIS DURING THE LAST 55 YEARS.

Year.	Esti- mated Popu- lation.	Phthisis.	Phthisis Death Rate.	Averages of Phthisis Death Rates.	Other forms of Tuber- culosis.	Totals.	Tuber- culosis Death Rate.	Averages of Tuber- culosis Death Rates.
1871†	39,000	38	1.94	1.94	12	50	2.56	2.53
1875	39,446	83	2.14		34	117	2.96	
1876	39,890	70	1.76		22	92	2.30	
1877	40,344	66	1.63		29	95	2.35	
1878	40,778	84	2.06		13	97	2.37	
1879	41,222	89	2.15	1.68	22	111	2.68	2.15
1880	41,666	78	1.87		36	114	2.74	
1881	42,111	65	1.54		28	93	2.20	
1882	42,750	62	1.47		22	84	1.96	
1883	44,000	74	1.78		15	89	2.02	
1884	44,500	82	1.84	1.58	18	100	2.24	1.93
1885	45,000	72	1.60		16	88	1.74	
1886	45,500	60	1.31		13	73	1.60	
1887	46,500	70	1.50		25	95	2.04	
1888	47,500	61	1.28		15	76	1.60	
1889	48,500	103	2.12	1.31	11	114	2.33	1.82
1890	49,500	91	1.84		21	112	2.26	
1891	52,724	78	1.47		14	92	1.74	
1892	54,000	79	1.46		33	112	2.07	
1893	54,700	70	1.28		30	100	1.82	
1894	55,300	73	1.32	1.22	32	105	1.88	1.72
1895	56,000	70	1.25		27	97	1.73	
1896	59,151	86	1.45		19	105	1.78	
1897	61,234	69	1.12		33	102	1.66	
1898	61,555	64	1.03		28	92	1.49	
1899	61,796	85	1.37	1.09	29	114	1.84	1.51
1900	70,075	105	1.49		36	141	2.01	
1901	70,300	83	1.18		35	118	1.67	
1902	73,000	81	1.10		39	120	1.64	
1903	75,700	87	1.15		43	130	1.71	
1904	77,500	78	1.00	1.05	30	108	1.39	1.39
1905	81,000	75	0.92		29	104	1.28	
1906	83,900	88	1.04		40	128	1.51	
1907	87,000	108	1.24		42	150	1.72	
1908	91,000	120	1.31		41	161	1.76	
1909	93,500	97	1.03	1.07	37	134	1.43	1.38
1910	102,000	88	0.87		49	137	1.35	
1911	107,287	87	0.80		30	117	1.08	
1912	111,166	115	1.03		34	149	1.34	
1913	115,064	*135	1.17		41	176	1.52	
1914	119,003	149	1.25	0.95	31	180	1.51	1.12
1915	122,982	147	1.19		44	191	1.55	
1916	127,089	155	1.22		42	197	1.55	
1917	130,000	154	1.18		52	206	1.58	
1918	133,000	168	1.26		44	212	1.59	
1919	136,000	131	0.96	0.86	36	167	1.22	0.99
1920	130,000	128	0.98		32	160	1.23	
1921	128,205	*110	0.86		31	141	1.10	
1922	129,000	134	1.04		19	153	1.18	
1923	130,500	124	0.95		25	149	1.14	
1924	132,000	119	0.90	0.86	28	147	1.11	0.99
1925	133,500	141	1.05		24	165	1.23	
1926	135,000	125	0.92		22	147	1.08	
1927	139,000	121	0.87		18	139	1.00	
1928	161,600	140	0.86		21	161	0.99	

\* If this table is compared with the corresponding table in previous Reports, it will be seen that the figures for the years 1913 to 1921 differ from those formerly given. This is due to the fact that deaths from military tuberculosis, which during those years were included under "phthisis," are now by international agreement, classified under "Other forms of tuberculosis," and the table has been altered accordingly.

† Half year only.

# RATE OF NOTIFICATIONS AND DEATH RATE FROM RESPIRATORY TUBERCULOSIS PER 10,000 POPULATION.



The dotted lines represent the rates for England and Wales.





During the year, at a meeting of the Joint Tuberculosis Committee for Warwickshire and Coventry, the question was raised as to whether the expenditure on sanatorium treatment was justified by the results obtained.

The matter was referred to the two Medical Officers of Health and the Medical Officers of the Joint Committee to report on.

The following is an extract of the report that was prepared and presented :—

“It would appear to us that the question as to whether the results obtained by the present method of treating Tuberculosis are commensurate with the heavy expenditure involved can only be answered by examining those results. Whether the comparison is satisfactory or not will probably depend on the view-point of the enquirer.

It will probably be agreed that the objects aimed at are:—

(1) To cure the patient;

(2) or, alternatively, to prolong his life.

(1) To what extent are patients cured by present Sanatorium methods?

Unfortunately in a chronic disease like Tuberculosis it is not easy to answer this question.

It is a comparatively simple one in the case of acute illnesses that have a short or limited course and the patient either dies or recovers. In acute conditions calling for urgent operative measures, such as strangulated hernia, appendicitis, empyema, suffocation from laryngeal diphtheria, etc., it can be stated with a fair amount of precision what proportion (if any) have any chance of survival if left alone, and this proportion is comparable with the considerable number that can be saved by operative measures.

In other acute illnesses, like Pneumonia and Typhoid Fever, we *know* that by placing the patients in favourable conditions with proper nursing facilities, their prospects of recovering are enhanced. The records, for example, of recoveries from Typhoid Fever treated at home would not bear comparison with the records of hospital-treated cases.

When, however, we come to deal with a chronic illness like Tuberculosis, the question is not so simple. Nor is the question of “cure” so well defined; in fact, with such a disease, there is a reasonable reluctance to use the word “cure”; it is safer to use the word “quiescent,” for after a period of years of good health a patient may find that the old illness has re-kindled itself afresh. Even if we content ourselves with the word “quiescent” as the alternative for “cured,” the only satisfactory way of shewing conclusively that Sanatorium treatment is successful would be by taking a large number of Sanatorium results carefully followed up for a considerable number of years and comparing them with an *exactly comparable* set of patients who had not been to a Sanatorium. Unfortunately this is not possible.

We will give later some of the records obtained by careful following-up of ex-Sanatorium patients where this has been done. But no such figures exist in relation to non-Sanatorium patients.

Concerning the cases sent to Sanatoria from the City of Coventry since 1900, the first date when the municipality hired beds, a careful record has been kept concerning the health of all ex-Sanatorium patients, where traceable. Of 2,221 patients sent to Sanatoria, 267 have been lost sight of or removed, and the number known to be in good health at the end of 1927 was 556.

In 1910 the National Health Insurance Medical Research Committee published an exhaustive report on an enquiry into the after-history of patients admitted to the Midhurst Sanatorium, with a view to determining the results of Sanatorium treatment. Their conclusions are summed up in the following paragraph:—

### **“ The Results in Relation to the Value of Sanatorium Treatment.**

It is not easy to estimate the usefulness of Sanatoriums as a means of curing pulmonary tuberculosis from the experience of the Midhurst patients, since there exist no data of a similar character upon which to determine the mortality rates of cases of consumption prevailing before the introduction of Sanatorium methods, or, at the present time, after treatment upon other principles. Physicians of long and intimate experience of the disease are unanimous in the opinion that the introduction of Sanatorium methods has materially improved the outlook for the average consumptive, and that residence in a Sanatorium represents the best treatment available at the present time. None the less, the records just given reveal pulmonary tuberculosis as a disease of the utmost gravity; and, further, they show that residence in a Sanatorium, much though it can accomplish in individual cases, is a means of treatment which is far from being adequate. Something more is needed. Treatment in a Sanatorium should be followed up by systematic after-care, by which the principles underlying the hygienic cure of tuberculosis are embodied in the everyday life of the patient on his return home. Under these conditions only is it probable that the benefit derived from Sanatorium treatment will prove lasting in character.”

In 1924 the Medical Research Council of the Privy Council published the results of an inquiry into the after-histories of patients treated at the Brompton Hospital at Frimley during the years 1905-1914.

The results arrived at corresponded generally with those of Midhurst.

(2) To what extent is it possible to prolong life by Sanatorium treatment?

This is the second question that arises, and on this it is not possible to express two opinions; for it is a fact that it is the usual experience of Sanatoria that most of the patients admitted do improve during their stay; and there is a relationship between the amount of improvement and the stage of the disease on admission.

As this matter is dealt with very fully by Sir George Newman in his last Annual Report for 1927 we venture to reproduce here a lengthy extract from that report:—

“In whatever country Sanatorium treatment is practised, it is natural and proper for the patient and the public to ask, what are, in fact, the results of such treatment? This question has often been asked in this country, and it will continue to be asked. Different answers will be made in accordance with different experience. Only a few weeks ago a public statement was made by a representative medical man in regard to Sanatorium treatment in England. He is reported to have said:—

‘However useful Sanatoria may be from a preventive point of view or as a means of segregating tubercular people, they are from a curative point of view, I am afraid, of little, if any, use. . . . In fact, the Sanatorium method can only show 14 per cent. of cures, which is very low, whereas other methods can show 70 per cent. and 80 per cent. of cures.’

Now here we have an explicit declaration, founded, as I am informed, on the results obtained at one particular Sanatorium in this country and upon an alternative method of treatment. If the statement be accurate, it is obvious that the State should direct its available resources not towards Sanatorium treatment but towards some alternative method.

It is far from an easy matter to assess precisely the value of Sanatorium treatment, as indicated by the percentage of ‘cures’ obtained. In a chronic disease like tuberculosis ‘cure’ can only be inferred by observation over a series of years. The Ministry have laid down the criterion that a case of pulmonary tuberculosis should only be regarded as ‘cured’ if five years have elapsed without any signs or symptoms of active disease. It is a matter of considerable difficulty to follow up the patients for so long a period, and the preparation of statistics of survival involves the expenditure of much time and trouble on the



part of Tuberculosis Officers. Further, it must be remembered that owing to change of residence and other causes it is impossible to trace all the patients, and it is precisely those who make good recoveries who are liable to be lost sight of. Most of the deaths of Sanatorium-treated cases occur within the first year or two after leaving the Sanatorium, and death certification renders it easy to discover all the cases who die. Those who recover and change their address may escape observation, and thus the survival figures are unfavourably affected. Conditions during the War and the period immediately following it rendered it impracticable for the Ministry to require the labour of compiling after-histories to be undertaken, and, as I have said, it is only recently that the Ministry have felt it justifiable to require records as to tuberculosis to be kept on a uniform system. It is hoped that the adoption of this system will permit of more precise information in future. But there are other inherent difficulties in arriving at such an assessment. There is the differentiation between early, intermediate and advanced stages of the disease; the inevitable mixture of such cases in all Sanatoria; differences in definition and degree of 'cure' or 'quiescence,' and the variations due to age and sex, for if a Sanatorium contains a high proportion of children or adolescents its average result may be materially affected at any given period.

Notwithstanding these difficulties and complications we are not without substantial data for our general guidance, and these may be illustrated in three groups of facts. In the first place, we may take into consideration the broad fact that from 1913 to 1926 there were in England and Wales 1,191,940 persons notified as suffering from tuberculosis (including those certified as having died between 1923 and 1926 inclusive). During that same period, 1913-1926, the total number of deaths certified as due to this disease was 656,049. This leaves 535,891 tuberculosis patients as not having died from tuberculosis within that period, which gives us a survival rate of approximately 50 per cent., even though many of the known cases which died never received treatment under any public scheme. Obviously this does no more than present a general picture of 'recoverability' with or without Sanatorium treatment or any treatment. It will bring no surprise to those who know the almost universal distribution of tuberculosis infection and its relatively high degree of recoverability. Not only is it true that from 1847 to 1926 the mortality from tuberculosis of the respiratory system in this country declined from 3,189 per million to 730 per million, an astounding fall of 75 per cent., but it is likewise true that recovery from small degrees of tubercular infection is a matter of daily experience. In fact, under favourable conditions and in its early stages tuberculosis shows probably a higher degree of recoverability than any other of the great constitutional diseases from which we suffer. In the second place, while it is true that some Sanatoria indifferently conducted, or unfavourably placed as regards the severity of the cases admitted, yield a small proportion of recoveries (i.e., cases classified on discharge as 'quiescent'), it is equally true that a properly organised Sanatorium system shows good results. In order to obtain a fair example and a reasonable average, we may take Lancashire, with its large industrial population and all its Sanatoria. In his report for 1926, Dr. Lissant Cox reports that 579 patients (men, women and children) were discharged as 'quiescent' or 'improved' from the Sanatoria, with the following results:—

	No.	Quiescent or improved %	No improvement or died.
1. Early cases (T.B. minus) . . . . .	253	88·8	32 = 11·2%
2. Early cases (T.B. plus, Stage I.) . . . .	95	81·8	21 = 18·1%
3. Intermediate cases (T.B. plus, Stage II.) . .	221	73·9	78 = 26·0%
4. Advanced cases (T.B. plus, Stage III.) . .	10	20·4	39 = 79·5%

Here we have over 80 per cent. of quiescent or improved early cases.



Lastly, four examples of after-histories may be quoted:—

- (1) In London a five-year record shows that of 3,017 cases discharged from Sanatoria in 1922, as many as 80.6 per cent. of the very early cases were alive five years later, 60.1 per cent. of early cases, and 33.9 per cent. of moderately advanced cases. Of 513 children the respective percentages alive five years later were 95.5, 62.5 and 37.0.
- (2) Careful investigation has been made into the after-histories of patients treated at the Shirlett Sanatorium, Shropshire. Out of 1,461 tuberculous patients treated there from 1911 to 1923, 221 could not be traced. This leaves 1,240 cases about whom information is available. Of these, 658 (or 53 per cent.) were known to be alive in 1928 (i.e., five to seventeen years after treatment), and 582 (or 47 per cent.) were dead.
- (3) Dr. Dixon, of Birmingham, reported in 1924 on the condition in 1923 of patients coming under treatment under the Birmingham scheme in 1913, i.e., ten years previously. Most, though not all, of these had Sanatorium treatment. Of 505 patients with tubercle bacilli in the sputum, 345 were traced. Of these, 49.9 per cent. were alive (the great majority in full work), and 50.1 per cent. were dead. Of 1,140 patients with negative sputum, 670 cases were traced, and of these 77 per cent. were alive and 23 per cent. were dead.
- (4) The report issued in 1924 as to the after-histories of patients treated at the Brompton Hospital Sanatorium, Frimley, during the years 1905-1914, indicated that of male patients in the early stage of disease, but with tubercle bacilli in the sputum, 79.3 per cent. survive five years and 65.5 per cent. survive for ten years. The corresponding figures for female patients are 89.7 per cent. and 85.2 per cent. In comparable early cases with no tubercle bacilli in the sputum the survival rates were still better, differing little from that of the general population. With regard to patients in the intermediate stage, 56.8 per cent. of the males survived for five years and 38.2 per cent. for ten years, the figures for females being 67.4 per cent. and 49.7 per cent. respectively. Even with regard to patients in the advanced stage there were 21.1 per cent. of survivors among males after five years and 10.4 per cent. after ten years, the figures for females being 21.7 per cent. and 10.8 per cent. respectively."

Unfortunately there are some obvious limitations to the benefits to be derived from Sanatorium treatment. This is especially the case with working-class people dependent entirely on their own exertions for a livelihood. They return from the Sanatorium improved in health, but to the same housing conditions as before, and except in a few cases have to return to their same indoor occupations, and a common history is that they again break down in health.

To this extent it may be truly said that the results obtained are disappointing when the cost of the treatment is considered.

The succour of the sufferer is a matter of general appeal, and it is unusual in this country to begrudge any money to aid the sick: whereas objects dealing with prevention, requiring as they do a larger exercise of the imagination and with no personal beneficiaries, have always tended to receive less attention both financially and otherwise."

## **Report by the Tuberculosis Officer.**

Dr. J. McG. Williams reports as follows:—

"During 1928 the number of new Coventry patients, including 3 tuberculous and 2 non-tuberculous transfers from other

areas, examined at or in connection with the Dispensary, 4. The Quadrant, was 727, as compared with 590 in 1927 and 593 in 1926. Of the 727 patients examined, 666 attended the Dispensary, and 61 were examined in their homes. The total attendances of Coventry patients at the Dispensary amounted to 3,078, and 64 home visits to old patients were made during the year. For convenience, the home visits to old and new patients were counted as attendances at the Dispensary, making a total of 3,203 attendances. In 1927 the total number of attendances was 2,890, and in 1926 2,951.

The Dispensary is open on Tuesdays from 5 to 9 p.m., and on Fridays from 2 to 5 p.m., but patients can be seen on other days by appointment, and during the year the Dispensary was frequently open on other days for the examination of contacts and old patients. There was no change in the personnel of the Joint Committee's staff during the year.

In January Bramcote Sanatorium was closed owing to an outbreak of small pox in and around Nuneaton, and later in the year the Joint Committee gave up their lease of the Sanatorium. Forty additional beds have since been provided at the Memorial Sanatorium, making 190 beds at this institution, but as these additional beds were not available until some months after the closing of Bramcote, it was necessary in the interim period to engage beds at other institutions as and when possible. The number of beds in hospital for cases of non-pulmonary tuberculosis is 35, and suitable patients are sent to colonies for treatment and training.

On the 1st April the area of the City of Coventry was considerably increased, and 74 patients were transferred from the county to the city. New patients from the added area are now counted as Coventry patients, and this accounts for the increase in the number of new cases seen at or in connection with the Dispensary during 1928. Both factors account for the increase in the attendances over the figure for 1927.

In addition to the following tables, which give the usual information about the Coventry patients dealt with under the Joint Committee's scheme, further tables will be found in the appendix to this report :—

New Patients—

Adults:	Male	..	251	} 727*
	Female	..	224	
Children	Male	..	127	
	Female	..	125	

New Patients—

Pulmonary	..	..	156	} 727*
Non-Pulmonary	..	..	15	
Not Tuberculous	..	..	554	
Doubtful (under observation 31st Dec., 1928)	..	..	2	

\* Including transfers (five) from other areas, three tuberculous.

	On Dispensary Treatment 1st January, 1928.	Put on Dispensary Treatment during 1928.	Total.
Insured ..	3	2	5
Uninsured ..	2	5	7

12

Contacts Examined.	Tuberculous.	Not Tuberculous.	Doubtful—under observation.
236	2	233	1

Contacts.

	Males.	Females.	Totals.
Over 15 .. ..	19	53	72
Under 15 .. ..	83	81	164

Attendances of Coventry patients	...	3,203 <sup>x</sup>
Attendances of County patients	...	961 <sup>z</sup>
		4,164

At the end of 1927 three doubtful cases were under observation; none of these were diagnosed as tuberculous during 1928.

<sup>x</sup> Including 89 attendances and 3 home visits for artificial pneumothorax treatment.

<sup>z</sup> Including 46 attendances for artificial pneumothorax treatment.



*Stage of Disease (New Cases).*

Tubercle Bacilli not present.	Pulmonary.			Non-Pulmonary.				Doubtful under observa- tion.	Not Tuber- culous.	Total.
	Tubercle Bacilli present.			Bones and Joints	Abdom- inal	Other Organs	Peri- pheral Glands			
	Stage 1	Stage 2	Stage 3							
16*	47	61	32	10	2	2	1	2	554	727
156				15						

\* Six patients had no sputum.

The 556 non-tuberculous and doubtful cases are not included in the following cases :—

*Age Periods (New Cases).*

0-5.	5-10.	10-15.	15-20.	20-25.	25-30.	30-35.	35-40.	40-45.	45-50.	50-55.	55-60.	Over 60.	Total.
3*	5	5	29	28	23	18	13	23	9	8	4	3	171

\* Includes one case of tuberculous meningitis.

*Condition of Teeth (New Cases).*

Good, up to 4 Decayed.	More than 4 Decayed.	Pyorrhoea Alveolaris.	Dentures, Partial or Complete.	Total.
87	27	12	45	171

*Family History of Tuberculosis (New Cases).*

Near Relative(s) Tuberculous.	Distant Relative(s) Tuberculous.	No Relatives Tuberculous.	Total.
61	11	99	171

*Sputum Examination.*—Five hundred and thirty-seven (537) specimens of sputum were examined in the Laboratory at the Dispensary, and 517 specimens were sent to the Lister Institute. The sputum of 140 of the definite cases of pulmonary tuberculosis contained tubercle bacilli, six patients had no sputum, and the sputum of 10 patients was negative.

*Institutional Treatment.*—Information concerning the number of admissions and discharges, average length of stay, and institutions made use of during the year, is given in the following tables :—

Sanatoria :—			Admissions.	Discharges.
Bramcote	...	...	1	18
Memorial	...	...	121	88
Northwood	...	...	3	3
West Heath	...	...	10	10

Hospitals :—

Birmingham Orthopædic	...	1	0
Coventry and Warwickshire		0	1
Ethel Hedley, Windermere		1	0
Forelands, Bromsgrove	...	0	1
Manfield, Northants	...	2	0
Rugby	...	4	3
Victoria Park	...	1	2
		144	126

Deaths in Institutions (included in discharges) :—

Memorial Sanatorium	...	...	13
West Heath Sanatorium, Northfield	...		1
			14

Average duration of treatment, all institutions 22.8 weeks

Average duration of treatment, Bramcote Sana-

torium ... 13.8 weeks.

Average duration of treatment, Memorial

Sanatorium ... 25.3 weeks

Details as to the immediate results of institutional treatment will be found on page 156.

*Contributions by Patients.*—The Treasurer informs me that during the year the total amount received from Warwickshire and City patients was £376 18s. 11d. The amount received in 1927 was £269 19s. 1d.; in 1926, £266 5s. 3d.; and in 1925, £239 4s. 11d.

Old cases of at least six months' duration were examined with a view to finding out their working capacity. The following

table gives the number at work, the number fit for light work, and the number not working and unfit for work of any kind :—

Doing some work at date of examination.	Not working but fit for light work.	Unfit for work of any kind.	Total
227	45	103	375
60·5%	12%	27·5%	

*Contacts.*—Routine examination of contacts was continued. Little difficulty was experienced in arranging the examinations, but 33 contacts failed to keep their appointments. It was found that two persons out of 236 examined were definitely tuberculous. Further particulars will be found in the tables earlier in this Report and in the appendix.

*Dispensary Treatment.*—The number of patients who attended the Dispensary for some form of treatment was 12. Although this number is small, the number of attendances made by these patients is considerable. During the year, seven patients having artificial pneumothorax treatment made 89 attendances at the Dispensary. Artificial pneumothorax treatment consists in putting the diseased lung at rest by means of an air cushion between the chest wall and the lung, and is beginning to give better results than formerly. Great care is necessary in the selection of patients for this treatment, but in suitable cases, and in the absence of complications arising during the treatment, it is undoubtedly of great benefit. One advantage is that patients can return to their homes, and sometimes are able to work while continuing their treatment. It may be of interest to record that 5 Coventry patients out of the 7 who attended the Dispensary for their re-fills were at work during 1928, and of 17 such patients treated at the Memorial Sanatorium, as out-patients, 14 worked at least part of the year. The Joint Committee have made provision since 1927 for other operative treatment for the few patients who are found to require such treatment. The operations, which differ in character, are briefly :—

(a) Pneumolysis, or the separation of the pleura from the chest wall so that the diseased lung may collapse and be kept at rest, the resulting space being filled up with fat or hard paraffin;



(b) Division of the phrenic nerve in the neck to paralyse the diaphragm, the muscle between the thorax and abdomen, on one side, so that the diseased lung may be rested, is useful in certain cases.

(c) The operation of thoracoplasty, an operation for the removal of parts of the ribs, is indicated in certain cases where the disease is limited to one side and where the patient cannot be treated by artificial pneumothorax because the diseased lung is fastened to the chest wall by adhesions. The operation is a severe one and should always be performed by a surgeon thoroughly experienced in the technique of the operation and in the after nursing of the patient. Really good results can be obtained by the operation in certain cases.

The Joint Committee have an arrangement with a London Hospital to admit suitable patients for these thoracic operations. So far only three patients from the Joint Committee's area have had a thoracoplasty and one a pneumolysis, but the results have been most encouraging, and all four patients recovered well after the operation and are keeping well. Of course a number of years must elapse before any opinion can be expressed as to the permanently good results of such operations.

*X-Ray Examinations.*—There were 899 X-Ray examinations of Coventry patients made during 1928. Of these, 853 were screen examinations and 46 were photographed. Eight hundred and eighty-nine (889) examinations of the chest were made and 10 examinations of other parts of the body. In 1927 the number of X-Ray examinations was 686.

*Shelters.*—The Joint Committee continued to make use of the shelters owned by the City Council, as in previous years. On the 31st December, 1928, 11 of the Coventry shelters were in use. During the year 3 shelters were removed on ceasing to be required, and 4 were erected at new addresses.

*Children.*—Two hundred and forty-six (246) children up to the age of 15 attended the Dispensary for examination. Of these, six were suffering from pulmonary tuberculosis and 5 from non-pulmonary tuberculosis. The pulmonary cases were classified into Stage I., 6; Stage II., 0; Stage III., 0.

*Dental Treatment.*—Particulars of the dental treatment given at the Memorial Sanatorium appear in the Annual Report of the

Medical Superintendent. During 1928 no Dispensary patients had dental treatment from the Joint Committee.

*After-Care.*—Efforts were made to obtain suitable employment, clothing, and financial help for necessitous cases, on the same lines as in previous years. Gifts of clothing and sums of money amounting to £73 2s. 6d. were received from various sources. There were 240 applications for help, and the cases were dealt with by the Tuberculosis Nurse as follows :—

Financial help, 69; employment found, 2; clothing supplied, 44; relief from Guardians, 3; admitted to Infirmary, 9; nursing arrangements, 24; sent to convalescent homes, 9; special social service, 19; help to obtain pensions and grants, 12; house obtained, 1; coal tickets, 22; admitted to Dr. Barnardo's or to Father Hudson's homes, 3; cases not dealt with 31/12/28, 2; unable to help, 21.

The Tuberculosis Nurse made 330 visits to patients' homes, 34 of these being to discharged ex-service men; and the Health Visitors paid 1,550 such visits, of which 32 were to discharged soldiers and sailors.

*Extra Nourishment.*—The Joint Committee continued to grant extra nourishment to suitable cases. Their expenditure must not exceed £2 per thousand of the population of the area. During the year the Committee provided extra nourishment for 46 Coventry patients. The Treasurer informs me that the sum of £606 3s. 6d. was spent on extra nourishment in Warwickshire and Coventry in 1928. In 1927 the amount spent was £573 3s. 4d. As a general rule the Committee do not give grants of extra nourishment to patients whose total family income, after deducting the rent, exceeds 10/- per head per week.

*Payment of Patients' Travelling Expenses.*—The Joint Committee have power to pay the travelling expenses of necessitous patients between their homes and Dispensaries and Sanatoria. During 1928 the small sum of 1/9 was paid for this purpose.

Co-operation with the General Practitioners continues on a most satisfactory basis, as it has always done. The following information relating to the incidence of and deaths from tuberculosis, and the provision made for the treatment of the disease, may be of interest. The statistics are taken from the Annual

Report of the Chief Medical Officer of the Ministry of Health for the year 1927.

The number of new cases of tuberculosis in England and Wales fell from 89,685 in 1917 to 77,890 in 1927. The number for 1927 was 1764 less than the number for 1926. The number of deaths registered from tuberculosis fell from 55,934 in 1917 to 38,173 in 1927, but the deaths in 1927 were 648 more than in 1926. There were, however, 2,714 fewer deaths in 1927 than in 1925.

In England, at the beginning of April, 1927, tuberculosis work was being carried out in 440 Dispensaries, and in addition 95 other premises were approved for special forms of treatment, including orthopædics. The number of approved Residential Institutions on that date was 490, providing 22,618 beds."

The salient features of the annual report on the Memorial Sanatorium (by Dr. Heaf) are set out on the following pages:—

### THE MEMORIAL SANATORIUM.

*Patients.*—Statistics relating to admissions and discharges, stage of disease, and treatment administered during the year:—

TABLE I.

#### *Warwickshire Patients.*

			In Inst. on Jan. 1st. 1928	Admitted during the year	Discharged during the year	Died in the Inst.	In Inst. on Dec. 31st 1928
No. of Patients	Adults	M.	30	75	50	18	37
		F.	33	67	52	12	36
	Chil- dren	M.	17	12	15	...	14
		F.	11	7	6	1	11
No. of Observation Cases	Adults	M.	...	4	1	...	3
		F.	...	6	5	...	1
	Chil- dren	M.	...	3	3	...	...
		F.	...	1	1	...	...
Total ...	...	...	91	175	133	31	102

#### *Coventry Patients.*

No. of Patients	Adults	M.	29	71	42	10	48
		F.	8	43	25	3	23
	Chil- dren	M.	8	1	5	...	4
		F.	1	3	1	...	3
No. of Observation Cases	Adults	M.	...	1	1	...	...
		F.	...	...	...	...	...
	Chil- dren	M.	...	1	...	...	1
		F.	...	1	1	...	...
Total ...	...	...	46	121	75	13	79



TABLE II.

Class Tubercle Bacilli minus	Stage 1	Stage 2	Stage 3	Non- Pulmonary	Observation
27	13	49	25	9	10

Warwickshire Total 133

*Coventry Patients.*

Class Tubercle Bacilli minus	Stage 1	Stage 2	Stage 3	Non- Pulmonary	Observation
16	9	22	25	1	2

Coventry Total 75

TABLE III.

## WARWICKSHIRE PATIENTS.

Quiescent.	Improved.	No material improvement.	Died.	Observation.
20	75	28	31	10

Warwickshire Total 164

COVENTRY PATIENTS.

10	42	21	13	2
----	----	----	----	---

Coventry Total 88

TABLE IV.

# WARWICKSHIRE PATIENTS

No. of patients discharged during 1928, who had more than 12 months treat- ment	33
--	----

"	"	"	"	"	6-12	"	"	40
"	"	"	"	"	3-6	"	"	33
"	"	"	"	"	under 3	"	"	17

No. of observation cases discharged during 1928 who had under 1 week's ob-	1
serva-tion	

					1-2	1
"	"	"	"	"	"	1
"	"	"	"	"	2-4	0
"	"	"	"	"	more than 4	8

Total .. 133

## COVENTRY PATIENTS.

No. of patients discharged during 1928, who had more than 12 months treat-						ment	10
"	"	"	"	"	6-12	"	24
"	"	"	"	"	3-6	"	20
"	"	"	"	"	under 3	"	19
No. of observation cases discharged during 1928 who had under 1 week's ob-						servation	0
"	"	"	"	"	1-2	"	0
"	"	"	"	"	2-4	"	0
"	"	"	"	"	more than 4	"	2
						Total	75

Average duration of stay of Warwickshire patients				29.04 weeks.
"	"	"	Coventry	25.34 "

*Laboratory.*—The total number of Sputum examinations made was 884. The total number of Pathological examinations made was 182. 17 animal inoculations were performed.

A considerable amount of experimental work has been done in conjunction with the Biological Department of Birmingham University in testing the value of new substances in the treatment of tuberculosis. Some interesting results have been obtained and the work is continuing.

*X-Ray Work.*—During the year we have made :—

2,120 Screen examinations.

132 Photographs.

It is hoped that some minor improvements may be added to the apparatus in order to improve our photographic technique.

*Treatment.*—During the year :—

52	patients commenced treatment by Artificial Pneumothorax.			
53	"	"	"	with Sanocrysin.
4	"	"	"	by Vaccine.
8	"	"	"	with Tuberculin.
49	"	"	"	by Artificial Sunlight (38 adults, 11 children)
2	were sent to Victoria Park Hospital for Surgical Treatment.			

*Number of attendances made by Out-patients for Special Treatment and Examinations :—*

323	attendances for treatment by Artificial Pneumothorax.			
430	"	"	"	" Sunlight.
40	"	"	"	of Larynx.
140	"	"	"	examinations.

---

933 Total attendances.

---

TABLE II.  
STAGES OF DISEASE.  
*Warwickshire Patients.*

Class Tubercle Bacilli minus	Stage 1	Stage 2	Stage 3	Non- Pulmonary	Observation
27	13	49	25	9	10

Warwickshire Total 133

*Coventry Patients.*

Class Tubercle Bacilli minus	Stage 1	Stage 2	Stage 3	Non- Pulmonary	Observation
16	9	22	25	1	2

Coventry Total 75

TABLE III.  
Condition on Discharge.  
WARWICKSHIRE PATIENTS.

Quiescent.	Improved.	No material improvement.	Died.	Observation.
20	75	28	31	10

Warwickshire Total 164

COVENTRY PATIENTS.

10	42	21	13	2
----	----	----	----	---

Coventry Total 88

TABLE IV.  
Duration of Stay.  
WARWICKSHIRE PATIENTS.

No. of patients discharged during 1928, who had more than 12 months treat-						ment	33
"	"	"	"	"	6-12	"	40
"	"	"	"	"	3-6	"	33
"	"	"	"	"	under 3	"	17
No. of observation cases discharged during 1928 who had under 1 week's ob-						servation	1
"	"	"	"	"	1-2	"	1
"	"	"	"	"	2-4	"	0
"	"	"	"	"	more than 4	"	8
Total						..	133



	1923	1924	1925	1926	1927	1928
Syphilis ... ..	110	95	121	106	147	182
Soft Chancre ... ..	2	..	1	..	..	..
Gonorrhœa ... ..	94	96	111	129	142	162
Conditions other than venereal	60	68	58	65	66	71
TOTALS ...	266	259	291	300	355	415

The new cases shew an increase of 60, or 17% over those for 1927, and when compared with the average for the five years, 1923-1927, the figures for 1928 shews an increase of 41%. There were 36 more cases of syphilis and 21 more of gonorrhœa amongst males in 1928 than in 1927, and the incidence of these figures is not affected by the boundary extension.

To ascribe these increases to any single cause would be wrong, but it is possible that the comparative affluence of some of our young people in the City has some connection with it. The provision of more playing fields and facilities for organised open-air games in or near to the thickly-populated parts of our City is the best and surest way of combating this evil.

Dr. Hawley, the Medical Officer in charge of this department at the Coventry and Warwickshire Hospital, kindly reports as follows :—

“ The number of new cases last year was 415, which shews an increase of 60 over the number for 1927. The new cases of Syphilis number 182, as against 147 in 1927, and there were 162 new cases of Gonorrhœa, as compared with 142 in 1927. This possibly is due to the fact that the V.D. Clinic is better known and more fully appreciated, but I cannot help thinking that there is also a real increase in the number of cases.

The number of out-patient attendances shews an increase from 7,823 in 1927 to 9,771, and the number of in-patient days has also increased from 1,475 in 1927 to 1,491 in 1928.

The Arsenobenzene Compounds in use during the year have included Stabilarsan and Sulphostab, and the doses administered during the year numbered 2,797.

The Pathological Laboratory at this Hospital is of assistance to the Venereal Diseases Department, and 162 specimens of Gonococci, etc., have been sent for examination.

	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than Venereal.		TOTAL.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1a. Number of cases which at the beginning of the year under report were under treatment or observation for ... ..	425	204	...	...	194	48	...	...	619	252
1b. Number of cases which had been marked off in a previous year as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report <i>suffering from the same infection</i> ... ..	...	6	...	...	2	...	...	...	2	6
2a. Number of cases dealt with at the Treatment Centre during the year for the first time ... ..	116	66	...	...	137	25	47	24	300	115
TOTAL—Items 1a, 1b and 2a	541	276	...	...	333	73	47	24	921	373
3. Number of cases which ceased to attend— (a) before completing the first course of treatment for ... (b) after one or more courses, but before completion of treatment for ... .. (c) after completion of treatment but before final tests as to cure of ... ..	58	19	...	...	30	4	...	...	88	23
4. Number of cases transferred to other Treatment Centres after treatment for ... ..	9	12	...	...	...	...	...	...	9	12
5. Number of cases discharged after completion of treatment and observation for ... ..	3	1	...	...	2	1	...	...	5	2
6. Number of cases which, at the end of the year under report were under treatment or observation for ... ..	2	...	...	...	2	1	...	...	4	1
...	38	21	...	...	81	12	...	...	119	33
...	431	223	...	...	218	55	...	...	649	278
TOTAL ITEMS 3, 4, 5 & 6...	541	276	...	...	333	73	...	...	874	349
7. Out-patient attendances— (a) For individual attention by M.O. ... .. (b) For intermediate treatment, e.g., irrigation, dressings, &c. ...	1168	1244	...	...	1780	202	103	68	3051	1514
TOTAL ATTENDANCES...	1168	1244	...	...	4000	1206	...	...	4000	1206
8. Aggregate number of "In-patient days" of treatment given to persons who were suffering from ... ..	761	637	...	...	87	6	...	...	848	643

9. Examinations of Pathological material :—

- (a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre  
 (b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ... ..

For detection of			For Wassermann Reaction.
Spirochetes.	Gonococci.	Other Organisms.	
7	149	6	...
...	...	3	227

STATEMENT SHOWING THE SERVICES RENDERED AT THE TREATMENT CENTRE DURING THE YEAR, CLASSIFIED ACCORDING TO THE AREAS IN WHICH THE PATIENTS RESIDED.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales).	County Borough.	County.	TOTAL.
A. Number of cases from each area dealt with during the year for the first time and found to be suffering from :—			
Syphilis	146	36	182
Soft chancre	...	...	...
Gonorrhœa	126	36	162
Conditions other than venereal	53	18	71
TOTAL	325	90	415
B. Total number of attendances of all patients residing in each area	7688	2033	9771
C. Aggregate number of "In-patient days" of all patients residing in each area	1205	286	1491
D. Number of doses of Arsenobenzol compounds given in the :—(1) Out-patient Clinic (2) In-patient Department, to patients residing in each area...	380 (1) 1898 (2)	48 471	428 2369
E. Give the names of Arsenobenzol compounds used in the treatment of Syphilis and the usual initial and final doses	Stabilarsan, .3 gr. Final .6 gr. in Adults. Sulphostab, .3 gr. Final .6 gr. "		
F. State the amount and kind of treatment usually administered to a case of Syphilis of each of the types usually dealt with at the Treatment Centre	I generally follow as far as possible the course as suggested in Colonel Harrison's St. Thomas' Hospital Courses. According to the conditions being Primary, Secondary or Tertiary, using Stabilarsan in conjunction with Bismocstab. Tryparsamide, .1 gm. .2 gm. .3 gm. given in early Tabes and Mental condition as G.P.I. Sulphostab used intramuscularly for children.		
G. State the nature of tests applied in deciding as to discharge of patients referred to in Item 5 on previous page	Syphilis.—After full course of treatment, 3 negative Wassermanns after intervals of 3 and 6 months with no treatment. Tertiary and congenital cases always have 2 years observation treatment and are entered as provisionally cured even if Wassermann is doubtful but they are re-entered in 6 months and		



## V. MATERNITY AND CHILD WELFARE.

### Maternity and Child Welfare Act, 1918.

The work in connection with the local scheme under the above Act has continued throughout the year. This includes :

- (1) The visiting of children from birth to 5 years of age.
- (2) The provision of a Welfare Centre with five afternoon sessions per week, at two of which a Medical Officer is present.
- (3) The provision of dried milk for sale, or for free or part cost distribution in suitable cases.
- (4) The provision of a special ante-natal clinic twice each month.
- (5) The provision for sale of maternity outfits.
- (6) The provision of maternity beds.
- (7) The provision of facilities for the nursing or hospital treatment of cases of Ophthalmia Neonatorum, Puerperal Fever and Puerperal Pyrexia.
- (8) The provision of facilities for convalescent home treatment for nursing mothers.
- (9) The provision of facilities for the dental treatment of expectant and nursing mothers and young children.
- (10) The provision of funds—in a small way—to assist in the boarding-out of children with their mothers (*i.e.*, mothers' pensions).

In May, 1928, on the appointment of an Assistant Medical Officer of Health, Dr. Newton ceased to attend at the Municipal Welfare Centre, and this work was undertaken by Dr. Griffin, as also was the attendance at the Stoke Heath and Holbrooks Lane Voluntary Welfare Centres (*v.* page 107).

As time goes on it becomes clear that the building in the Barrack Square is inadequate; also its occupation can only be temporary until the Council adopt a scheme for dealing with the whole square. The Maternity and Child Welfare Committee have therefore had under consideration the question of the provision of other premises; and believing that there would be advantages in establishing a combined Welfare Centre and School Clinic, have conferred with the Education Committee (whose present School Clinic is also inadequate), and this matter is still under discussion (*v.* page 164).

At the request of the Ministry of Health the scale of income used as a basis for the granting of free milk to children was reconsidered and revised in accordance with the fall in the cost of living which was indicated by the officially published figures. The altered scale became operative from November.

Two members of the Health Visiting staff were granted facilities to attend the Annual Winter School for Health Visitors organised by the Women Sanitary Inspectors and Health Visitors Association, and held in London from December 27th, 1928, to January 7th, 1929.

Miss Barratt, the Superintendent Health Visitor, supplies the following report concerning the number of visits, etc. :—

REPORT OF THE HEALTH VISITORS FOR THE YEAR ENDED  
DECEMBER 31ST, 1928.

The number of first visits made by the Health Visiting staff to mothers shortly after the birth of the baby numbered 2,148; these visits are timed to take place soon after the midwife (or doctor) has ceased attending, and are of the utmost value just at that time when the mother has no one to advise her. The mother is then invited to attend the Welfare Centre and have the baby weighed regularly. The information collected on these visits is classified, and appears on page 105.

*Re-visits.*—During the first twelve months several re-visits are made to the infant, more especially to poorly babies, or to those who do not attend the Welfare Centre. Advice is given regarding the feeding, etc., and the mother is urged to seek medical advice if the child is poorly. If the children are not having sufficient nourishment and the home circumstances warrant assistance, the mother is informed how to apply for free milk for herself as a nursing mother, or for her child if artificially fed. Re-visits numbering 7,283 were paid during the twelve months, and 11,309 visits to children between the ages of one and five years.

*Transferred Births.*—The names and addresses of 148 infants and young children who left the City have been notified to the Medical Officers of Health of other areas, and 49 infants' names have been notified as coming to live in the City. These transfers enable an early visit to be paid by a Health Visitor.

BIRTHS VISITED DURING THE YEAR 1928. Total number, 2,148.

	Totals.	Percentage.
Kind of feeding—		
(1) Entirely breast-fed ... ..	1776	82·7
(2) Hand and breast-fed ..	90	4·2
(3) Entirely hand-fed ... ..	255	11·9
(4) Unclassified ... ..	27	1·2
Kind of food—(when hand-fed)—		
(1) Fresh cow's milk and water ..	159	46·1
(2) „ „ and barley water	27	7·8
(3) „ „ with Patent Foods	70	20·3
(4) Dried Milk ... ..	52	15·1
(5) Condensed Milk ... ..	31	9·0
(6) Biscuits, bread-sop, etc. ..	6	1·7
Mode of feeding—		
(1) Boat shaped bottle ...	335	97·1
(2) Long tube bottle	...	...
(3) Both ... ..	...	...
(4) Spoon ... ..	10	2·9
Class of house : rent—		
(1) Up to 5/- ... ..	102	4·8
(2) Above 5/- up to 8/- ... ..	375	17·5
(3) Above 8/- ... ..	1644	76·5
(4) Unclassified .. ..	27	1·2
Overcrowded Houses—		
More than two persons } No. of houses per bedroom	782	36·4
Not classified—		
Wrong address given, or removed, or death of baby before visit ...	27	1·2
Infants sleeping in cots ... ..	1431	66·6
Promises to get cots ... ..	276	12·8
Comforters used ... ..	532	24·7

### Infant Consultation Centre.

The work of the Municipal Welfare Centre has continued uninterruptedly throughout the year. It is open five afternoons a week and for two hours on Saturday mornings for the sale of dried milk only. During the afternoons infants are weighed and advice given regarding the general health and feeding of an infant, while on two afternoons a week a medical officer (Dr. A. J. B. Griffin) has been present for consultations.



The attendance for the last twelve months has remained large; on fine afternoons, when the numbers are greater than on a wet day, the accommodation is taxed to the uttermost, in fact the rooms are not large enough to meet the demand.

Each mother, when she attends for the first time, is given a small booklet, entitled "To Mothers and Fathers"; she is also given a card with her baby's weight, and at the same time a duplicate and a chart are made out for filing purposes; and the progress made can be noted on subsequent visits.

Various leaflets are given to the mothers concerning certain illnesses, *e.g.*, Cancer, Influenza, Measles, Diphtheria, etc., while other leaflets relating to infant feeding and diet are widely distributed.

In order to assist practising midwives in the City, facilities have been provided for the purchase by mothers of maternity outfits for their confinements at a reasonable price. These packages are put up specially for Welfare Centres and sold for slightly over the cost price. Application was made for 33 of them in 1928, but it is felt that as the advantages of them become more widely known a greater number will be used.

At the request of the Education Committee, girls between the ages of 13 and 14 years, who are selected to take a domestic science course at one of the Elementary Schools, each attend for one session at the Municipal Welfare Centre as part of their training; 119 girls attended the Centre in groups of 3 or 4 during the year.

The following figures show the number of attendances of mothers and babies at the Municipal Welfare Centre (Barrack Square):—

Total number of individual cases attending ...	2,468
Total number of attendances of mothers and babies ... ..	23,931
<i>(A mother and baby attending count as one.)</i>	
Average attendance per week ... ..	479
Total number of new babies attending during the year ... ..	1,344

#### DOCTOR'S CONSULTATIONS.

*(These figures are included in the totals above).*

Total number of individual cases seen ...	1,018
Total number of consultations ... ..	2,027

## Assisted Voluntary Centres.

In the early part of the year negotiations took place with three Voluntary Societies holding Welfare Centres in that portion of the county which was to be annexed on April 1st.

The Maternity and Child Welfare Committee was asked to supply the necessary cards, books, etc., and provide a doctor at two of the Centres (fortnightly), and a Health Visitor at each of the three as the Warwickshire County Council had done in the past.

The arrangements were carried out in order that there should not be a break in the consecutive sessions. The names of the Centres are as follows :—

Stoke Heath Welfare Centre, held at Wyken Way every Wednesday. The assistant Medical Officer of Health attends once a fortnight and a Health Visitor once a week.

Holbrook Lane Welfare Centre, held at Corporation Cottages on alternate Wednesdays. The assistant Medical Officer of Health and a Health Visitor attend once a fortnight.

Longford Infant Welfare Centre, held once a fortnight on alternate Thursdays at the Drill Hall, Hurst Road, Longford. A Health Visitor attends each session. (Dr. Webster is the doctor in attendance.)

The following figures have been supplied very kindly by the Honorary Secretaries of the three Voluntary Centres now within the City :—

FOR NINE MONTHS ONLY (APRIL 1ST TO DECEMBER 31ST).

### LONGFORD CENTRE.

No. of sessions at the Centre	...	...	17
No of new cases attending	...	...	61
No. of attendances of mothers	...	...	592
No. of attendances of children	...	...	660

### STOKE HEATH CENTRE.

No. of sessions at the Centre	...	...	35
No. of new cases attending	...	...	94
No. of individual cases attending	...	...	120
No. of attendances of mothers	...	...	980
No. of attendances of children	...	...	1,149

## HOLBROOKS LANE CENTRE.

No. of sessions at the Centre	...	...	18
No. of new cases attending	...	...	72
No. of individual cases attending	...	...	134
No. of attendances of mothers	...	...	690
No. of attendances of children	...	...	780

**Ante-Natal Clinic.**

An ante-natal Clinic was held twice a month at the Municipal Welfare Centre, Barrack Square, throughout the year. Dr. S. A. Ballantyne, a Gynæcological Specialist, attended, and held 373 consultations.

Of the 357 cases seen, 195 were maternity bed cases booked for the Coventry and Warwickshire Hospital, and 106 were maternity bed cases booked for the Gulson Road Hospital; 32 were sent by midwives, 20 cases came of their own accord, while four were sent by medical men.

The urine was tested in all cases on their first visit and several times after at varying intervals.

There were 12 cases referred to the Coventry and Warwickshire Hospital for immediate treatment; of these, 8 were sent to the Venereal Diseases Department, 2 for X-Ray examination, and 2 for treatment for albuminuria. Two were sent to the Gulson Road Hospital for treatment before the confinement.

The following defects were found among the patients examined, viz. :—Varicose veins, 13; Oedema, 4; carious teeth, 7; flat pelvis, 1; Pain in leg, 5; Hernia, 1; and Tuberculosis 2.

The pelvic measurements of all primipara and a few multipara who gave doubtful histories were taken, and the results are classified as follows :—

## EXTERNAL CONJUGATE.

	22"	21"	20"	19"	18"	17"	15"
Cases 212	2	2	50	68	69	18	3

Total number of attendances at Dr. Ballantyne's

Ante-natal Clinic ... .. 373

Average number per session at the Ante-natal  
Clinic ... .. 15.5



**Other Ante-Natal Work** (Health Visitors').

Total number of individual cases seen	...	450
Total attendances	... ..	798
Average attendance per week	... ..	16

The following table shews the amount of Dried Milk, etc., distributed during the year. The total cost of this was £1,884 5s. 11½d., and the receipts for that portion which was sold amounted to £1,373 10s. 1d.

**DRIED MILK, ETC., 1928.**

	Stock in hand 31/12/27.	Purchas'd in 1928.	TOTAL.	Distributed in 1928.			Stock in hand 31/12/28
				Free.	Sold.	Total.	
	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
Dried Milk No. 1 ..	1,150	14,400	15,550	4,482	9,467	13,949	1,602 <sup>a</sup>
„ „ 2 ..	21	288	309	52	226	278	31
„ „ 3 ..	389	4,320	4,709	2,696	1,502	4,198	510 <sup>b</sup>
„ „ 4 ..	280	2,448	2,728	599	1,893	2,492	238 <sup>c</sup>
„ „ 5 ..	..	48	48	42	2	44	4
<b>TOTAL DRIED MILK .</b>	<b>1,840</b>	<b>21,504</b>	<b>23,344</b>	<b>7,871</b>	<b>13,090</b>	<b>20,961</b>	<b>2,385</b>
Groats lbs. .. ..	44	72	116	..	99½	99½	17 <sup>d</sup>
Ovaltine ½-lb. tins ..	814	3,600	4,414	421	3,387	3,808	605 <sup>e</sup>
Malt & Oil, 1-lb. cartons	23	540	563	..	534	534	28 <sup>f</sup>

At stocktaking the following were noted:—

<sup>a</sup> A surplus of 1 1-lb. packet.    <sup>b</sup> A deficiency of 1 1-lb. packet.    <sup>c</sup> A surplus of 2 1-lb. packets.  
<sup>d</sup> A surplus of 1 ½ lb. tin.    <sup>e</sup> A deficiency of 1 ½-lb. tin.    <sup>f</sup> A deficiency of 1 1-lb. carton.

**Dental Treatment.**

The facilities for dental treatment arranged in 1925 for mothers and children under 5 years have been made use of to a limited degree. Four nursing mothers have applied for extractions only, and three for extractions and full dentures; in the latter cases the Maternity and Child Welfare Committee promised to contribute a portion of the cost. One child under 3 years of age was sent for extractions.

Dental treatment for young children between the ages of 3 and 5 years has been continued at the School Clinic by the permission of the Education Committee. Forty children were sent from the Infant Welfare Centre and treated by the School Dentists, who report that the work involved was as follows:—

Referred for treatment	...	...	40
Actually treated	...	...	37
Treatment completed	...	...	33
Attendances	...	...	63
Fillings—temporary	...	...	11
Extractions	...	...	63
Local anæsthetic (times used)	...	...	39
Other operations	...	...	16

### **Convalescent Home Treatment for Mothers.**

A few cases of mothers who remained very poorly after their confinement were referred to the Maternity and Child Welfare Committee for convalescent home treatment.

Ten were sent for a period of about three weeks to St. Mary's Convalescent Home, Birchington-on-Sea; 9 were able to take their infants with them. In the case of one mother, who was very poorly, her length of stay had to be extended, and, I regret to say, she died at the Home in January, 1929.

In all other cases the health of the mothers improved considerably by their treatment at the Home.

### **Orthopædic Cases.**

Amongst the children attending the Municipal Welfare Centre several cases have been seen by the Medical Officer where orthopædic or other special treatment appeared to be desirable.

Four such cases were referred to the Crippled Childrens' Guild, three were sent to the Coventry and Warwickshire Hospital, and four were kept under observation. Seventeen children (the four above referred to and 13 others who had already been referred from the added area) have received treatment at the Dunsmoor Orthopædic Clinic at the expense of your Maternity and Child Welfare Committee; and in November that Committee undertook responsibility for the maintenance and treatment of a child recommended for admission to the Manfield Orthopædic Hospital. The child was not ready for admission until February, 1929.

### **Pension for a Nursing Mother.**

During 1927 the Committee considered the question of making a payment (pension) to a mother in order that she might

stay at home and breast-feed her infant rather than seek work in order to augment her widow's pension, and agreed to contribute 10/- per week to this end for six months; and this was renewed in 1928 for another six months.

### Maternity Beds.

The arrangements made with the two Hospitals, viz., the Coventry and Warwickshire Hospital and the Gulson Road Hospital, for beds in their maternity wards remained the same as before. The number of applications was, however, larger than in any former year.

The following figures refer to maternity cases for both of the institutions. There were 43 cases waiting on the 1st January, 1928, and 304 were booked during the year. Of these 347 cases, 244 were admitted, 16 withdrew their applications, and 87 were carried forward to 1929. Of the 244 cases admitted, 169 went to the Coventry and Warwickshire Hospital, the remaining 75 being sent to the Gulson Road Hospital.

The following table sets out the information concerning home conditions, etc., which was supplied by expectant mothers when applying for a maternity bed :—

Small house (2 rooms only)	...	...	...	...	5
In house, but no convenience (overcrowding)	...	...	...	...	11
Unable to get adequate help in the house	...	...	...	...	52
Illness or for medical reasons	...	...	...	...	32
Living with relatives	...	...	...	...	38
In rooms, 1 bedroom and sharing sitting room	...	...	...	...	8
In lodgings: 1 combined room	...	...	...	...	33
„ 2 rooms	...	...	...	...	113
In Caravan	...	...	...	...	1
In a Flat	...	...	...	...	3
Husband lodging in one place and wife with her own mother	...	...	...	...	1
Insanitary condition of house	...	...	...	...	1
House sub-let to inconvenience of tenant...	...	...	...	...	6

For these beds the Council paid the sum of £1,368 3s. od. during the year, and the contributions received amounted to £891 14s. 4d.

During the year 14 expectant mothers living outside the City boundary applied for a maternity bed, and they were informed that arrangements could not be made for them in the usual way. A letter giving the particulars of each of these cases was sent to the County Medical Officer of Health for Warwickshire.



### Notification of Births Act.

During the year 493 notifications of live births occurring in their practices have been received from doctors, 1,846 from midwives, and 4 have been notified by parents; 37 still-births have been notified by doctors, and 68 by midwives, making a total of 2,448 notifications received relating to 2,383 actual births (2,282 live births and 101 still-births).

Of the total of 2,327 births registered, 2,197 were notified, or 94.3 per cent.

### MIDWIVES' ACTS, 1902 AND 1918.

Of the 56 midwives who notified their intention to practise in 1928, 4 have acted only as maternity nurses, and 1 has left the district, leaving at the end of the year 51 in actual practice. Three of the latter are *bona-fide*, i.e., untrained midwives.

During the year 92 visits to midwives have been paid; 2 of them have been paid by the Health Visitors and 90 by the Superintendent Health Visitor; the former visits were regarding cases of infectious diseases, and the latter principally routine visits, when the midwives' bags were inspected, their books seen and signed.

The bags of the midwives have been found to be kept in a very satisfactory state and do credit to the owners.

The figures show that 2,092 cases have been attended during the year; of these, 215 have occurred outside the City area, leaving 1,877 cases as having taken place in Coventry. Out of these 429 have been doctors' cases, where a midwife has been in attendance as well. This leaves 1,448 cases attended by midwives alone out of the 2,383 notified births occurring within the City.

The following notifications have been received from midwives practising in the City, and may be classified as follows:—

(1) Still-births	...	...	...	35
(2) Artificial feeding	...	...	..	25
(3) Notifications of death...	...	...	...	15
(4) Liability to be a source of infection	...	...	...	12

(1) *Still-births*.—17 macerated, 16 not macerated; doubtful, 2.

## PERIOD OF GESTATION.

6 months.	7 months.	8 months.	9 months.
2	13	5	15

## PRESENTATION.

Vertex.	Breech.	Foot.	Cord.	Not stated.
21	8	1	1	4

(2) *Artificial feeding.*—Reasons given why artificial feeding was resorted to :—

Inability of mother to breast feed ...	...	10
By doctor's orders ...	...	5
Inverted nipples ...	...	5
Premature Infant ...	...	2
Poverty of mother's milk ...	...	1
At patient's request ...	...	1
Mammary abscess ...	...	1

(3) *Liability to be a source of Infection* :—

Sepsis? Rise of temperature ...	...	3
Pemphigus ...	...	2
Septicæmia ...	...	1
Scarlet Fever ...	...	1
Erysipelas ...	...	1
Chicken Pox ...	...	1
Diphtheria ...	...	1
Small Pox ...	...	1
Measles ...	...	1

(4) *Notifications of Death.*—No maternal and 15 infant deaths. All of these were deaths of infants one week old or under, 5 being less than 24 hours.

Medical aid forms sent in during the twelve months numbered 554. The causes for sending for medical help were as follows :—

<i>For the Mother.</i>				<i>For the Child.</i>			
During pregnancy:—				Inflammation of Eyes	...	...	73
Hæmorrhage	...	...	15	Debility or Feebleness	...	...	27
Cloudy Urine	...	...	9	Premature Infant...	...	...	16
Albuminuria	...	...	6	Deformity	...	...	14
Œdema	...	...	4	Jaundice	...	...	6
Persistent Vomiting	...	...	4	Rash	...	...	6
Illness during Pregnancy	...	...	3	Death	...	...	4
Purulent Discharge	...	...	3	Convulsions	...	...	2
Contracted Pelvis	...	...	2	Asphyxiated	...	...	2
Varicose Veins	...	...	1	Still-birth	...	...	2
Eclampsia	...	...	1	Snuffles	...	...	1
During labour or the lying-in:—				Tongue-tied	...	...	1
Prolonged Labour	...	...	124	Green Stools	...	...	1
Lacerated Perineum	...	...	82	Other Causes	...	...	2
Hæmorrhage	...	...	21				
Abortion or Miscarriage	...	...	16				
Rise of Temperature	...	...	15				
Illness of Mother	...	...	12				
Adherent Placenta and							
Membranes	...	...	10				
Collapse	...	...	9				
Abnormal Presentation	...	...	8				
Premature Birth	...	...	8				
Breech Presentation	...	...	8				
Pain in Leg	...	...	8				
Varicose Veins	...	...	4				
Uterine Inertia	...	...	3				
Prolapse of Cord	...	...	3				
Twin Birth	...	...	3				
Mammary Abscess	...	...	3				
Placenta Prævia	...	...	3				
Bronchitis	...	...	2				
Sleeplessness	...	...	1				
Subinvolution	...	...	1				
At the patient's request	...	...	1				
Mental Derangement	...	...	1				
Other causes	...	...	3				
Total 397				Total 157			



## PERIOD OF GESTATION.

6 months.	7 months.	8 months.	9 months.
2	13	5	15

## PRESENTATION.

Vertex.	Breech.	Foot.	Cord.	Not stated.
21	8	1	1	4

(2) *Artificial feeding.*—Reasons given why artificial feeding was resorted to :—

Inability of mother to breast feed ...	...	10
By doctor's orders ...	...	5
Inverted nipples ...	...	5
Premature Infant ...	...	2
Poverty of mother's milk ...	...	1
At patient's request ...	...	1
Mammary abscess ...	...	1

(3) *Liability to be a source of Infection* :—

Sepsis? Rise of temperature ...	...	3
Pemphigus ...	...	2
Septicæmia ...	...	1
Scarlet Fever ...	...	1
Erysipelas ...	...	1
Chicken Pox ...	...	1
Diphtheria ...	...	1
Small Pox ...	...	1
Measles ...	...	1

(4) *Notifications of Death.*—No maternal and 15 infant deaths. All of these were deaths of infants one week old or under, 5 being less than 24 hours.

examination of the lochia. The assistance required was supplied in all five cases.

During the year arrangements were continued with the two local nursing associations for the services of their District Nurses to be available for the nursing of cases of these diseases if required.

Five cases of Puerperal Fever and eight of Puerperal Pyrexia were treated in hospital, and four other cases of the latter received nursing attention.

### **Ophthalmia Neonatorum.**

Twenty-three notifications of this condition were received during the year, and 15 of these are said to have made a complete recovery, 3 have made a partial recovery, in 3 cases the result is still unknown (treatment still going on), 1 infant died before treatment was complete, and one left the City before the result was known.

Three cases were nursed in hospital, one in the Birmingham Eye Hospital and 2 in the Gulson Road Hospital.

### **Measles.**

Alleged cases to the number of 361 were notified by Head Teachers of Schools. Six deaths were registered as due to Measles, all being children under five years of age.

### **Whooping Cough.**

Notifications were received from Head Teachers of Schools as to 94 alleged cases of this disease occurring in the homes of children, and 4 deaths were recorded.

### **Epidemic Diarrhœa.**

No death was registered as due to Epidemic Diarrhœa or Infective Enteritis, but 18 were certified as due to Diarrhœa and Enteritis; and of these, 12 were due to Gastro-Enteritis, 2 to Enteritis, 3 to Colitis, and 1 to Diarrhœa. Of the total, 12 were under two years of age.

## Still Births.

Under the Births and Deaths Registration Act, 1926, the registration of all still-births became compulsory as from July 1st, 1927. Prior to that date no such registration was in vogue, and it was open to anyone to dispose of the bodies of still-born children in any way they chose. Not all of these were buried in a public cemetery, but registration will ensure in future that this will be done.

During 1928 the number of still-births registered was 101 : of these, 67 were registered upon a doctor's certificate, 33 upon a midwife's certificate, and one upon the Coroner's certificate. All of these were notified under the Notification of Births Act, 1907.

## CHILDREN ACT, 1908.

The Guardians are the local authority under Part I. of the above Act, which deals with the interests of boarded-out children under the age of seven.

On the advice of the Ministry of Health, and with the consent of the City Council, the Coventry Guardians, in 1923, appointed Miss Barratt as infant protection visitor under Part I. of this Act.

The following is the report on her work in this connection during 1928, which Miss Barratt has presented to the Guardians :—

“ I beg to submit a report of work done under Part I. of the Children Act during the year ending December 31st, 1928.

The visiting of children carried on under the above Act has continued un-interruptedly during the twelve months. The names of 33 infants and young children were carried forward from 1927, while 28 new cases were added to the visiting list, making a total of 61 cases dealt with during the year, while the names of 19 were removed from the list as no longer coming under supervision. In the case of children who have left the City, the names and new addresses were sent to the Clerk to the Board of Guardians for him to transfer to the authorities carrying out this work in their particular districts.

On the whole the children are well cared for, and the supervision given is quite satisfactory. The foster-mothers who have



infants and young children are advised to visit the Municipal Welfare Centre for weighing and advice; this, a number of them are pleased to do, as it assures them the children are progressing satisfactorily.

Not only does the visiting of the homes come under this Act, but a considerable amount of time is spent in advising mothers or relations how to obtain a good home for a child. Names and addresses of foster-mothers are kept at the Municipal Welfare Centre, but frequently the demand is greater than can be met.

During the twelve months, I have made 124 visits to the homes of these children. On the 31st December there remained 42 names on the register to be carried forward to 1929. No doubt the larger number of cases dealt with in 1928 (61) as against 51 of the year before may be accounted for by the extension of the boundary which took place on April 1st, 1928."

## **VI. SANITARY ADMINISTRATION.**

### **STAFF.**

Particulars of the staff of Inspectors, Health Visitors, etc., are set out on pages 4-5. The summary of the work of the Inspectors is set out on pages 44-45, and that of the work of the Health Visitors under the headings of their different duties is as follows :—

(1) Visits in regard to births. These have been spoken of under the heading of Maternity and Child Welfare (page 104).

(2) Infectious Diseases. Visits, numbering 1,591, have been made in regard to infectious diseases; the greater proportion being in connection with Tuberculosis (1,550).

Of the remaining 50 visits, 24 were paid to cases of Ophthalmia Neonatorum, 6 to cases of Puerperal Fever, 11 to cases of Puerperal Pyrexia, 7 to Encephalitis Lethargica, 1 to Cerebro-Spinal Meningitis, and 1 to Poliomyelitis.

(3) Work in connection with the Midwives Act is referred to on page 112.

(4) Other miscellaneous work. During the year 152 miscellaneous visits have been made.

## Classification of visits paid during 1928.

	1927	1928
Notified Births visited ... ..	1,833	2,148
Re-visits to Notified Births (to infants under 12 months). ... ..	5,607	7,283
Re-visits to Notified Births (to children up to 5 years). ... ..	8,649	11,309
Ante-natal Visits { First ... ..	339	386
{ Subsequent ... ..	78	102
Still-births inquired into ... ..	1	2
Infants' Deaths inquired into ... ..	3	3
Tuberculosis visits ... ..	1,962	1,550
Other Infectious Diseases visited ... ..	59	50
Visits to Midwives ... ..	83	92
Visits to Mentally Deficient Cases ... ..	299	299
Miscellaneous visits . ... ..	116	152
Total	19,029	23,376
"Hints on Feeding" posted ... ..	40	108
Nuisances reported ... ..	71	80
Dirty houses found ... ..	22	24

## HOSPITAL ACCOMMODATION FOR INFECTIOUS DISEASES.

**The City and Pinley Isolation Hospitals.**

At the City Hospital 781 patients have been under treatment. Ninety-five were remaining in at the beginning of the year, and 686 were admitted during the year.

The admissions for the year were made up as follows :—

City Cases, 605.—Scarlet Fever, 486; Diphtheria, 119.

Coventry R.D., 5.— „ 4 „ 1

Foleshill R.D., 57.— „ 52 „ 5

Bulkington U.D., 1.— „ 1

Bedworth U.D., 1.— „ 1

Sick Staff, 17.

Of the 107 patients admitted as suffering from Diphtheria and discharged during the year (15 cases were still in hospital at the end of the year), 23 were admitted with a view to Tracheotomy being performed if necessary. In 10 cases the operation was called for, and it was successful in 4 patients; in the other 13 cases no operation appeared to be necessary, and 9 of these patients made a satisfactory recovery. The other 84 patients

were sent in for isolation, and of these 68 recovered from the illness.

DISEASE.					In Hospital Jan. 1, 1928	Admitted during 1928.	Total.	Recovered.	Died.	Remaining in Hospital Jan. 1, 1929	Fatality per cent completed cases
CITY HOSPITAL.											
Scarlet Fever	..	..	..	..	85	539	624	552	5	67	0.89
Chicken Pox	..	}	Admitted as Scarlet Fever		..	1	1	1	..	..	..
Measles	..			..	1	1	..	..	..		
Erythema	..			..	1	1	..	..	..		
Peritonitis	..			..	1	1	..	1	..	100.0	
Diphtheria	..	..	..	..	9	113	122	81	26	15	24.3
Tonsillitis	..	}	Admitted as Diphtheria		..	10	10	10	..	..	..
Thrush	..			..	1	1	1	..	..	..	
Catarrh	..			..	1	1	1	..	..	..	
Periodontal Abscess	..			..	1	1	1	..	..	..	
Sick Staff	..	..	..	..	1	17	18	17	..	1	..
					95	686		666	32	83	4.5
					781		781	781			
PINLEY HOSPITAL											
Small Pox	..	..	..	..	19	160	179	175	2	2	1.1
Chicken Pox	..	}	Admitted as Small Pox		..	5	5	5	..	..	..
Purpura	..			..	1	1	1	..	..	..	
					19	166		181	2	2	
					185		185	185			

Concerning cases sent into the Hospital for Tracheotomy, the following figures may be of interest, as they set out the number of cases so admitted and the number of operations performed since 1915, when a ward was first allocated for this purpose :—

#### TRACHEOTOMY.

		Cases admitted for.	Cases operated upon.			Cases admitted for.	Cases operated upon.
1915	..	26	17	1924	..	3	2
1916	..	38	25	1925	..	19	11
1917	..	13	6	1926	..	16	9
1918	..	24	18	1927	..	11	4
1919	..	16	13	1928	..	23	10
1920	..	20	16				
1921	..	13	9				
1922	..	9	7			235	149
1923	..	4	2				



## Scarlet Fever.

Although Scarlet Fever continues to be a relatively mild disease with a fatality rate of approximately 1% only, a number of severe cases still occur which cause considerable anxiety.

During the year such cases have been treated by the administration of specific serum—a method of treatment of comparatively recent introduction.

The serum is expensive, and its employment has been restricted only to cases presenting severe symptoms and signs.

Seventy-six out of a total of 552 recovered cases were so treated—with no deaths. Twenty-two cases developed subsequent complications, and of these six developed two or more different complications.

The stay of these cases in hospital averaged 39.3 days.

Comparing this figure with that of the other 476 cases not treated with serum, we find that the average stay in hospital of cases not treated with serum was 42.2 days.

These figures are too small for the formation of any general conclusions, but it may be stated here that in other institutions where Scarlet Fever Anti-toxin has been used on a large scale, it has been claimed, not only that the chance of complications has been greatly reduced, but that the length of stay in hospital has been very materially shortened. If this latter result can be obtained the expense of the serum is much more than counter-balanced by the lessened hospital expense.

## COMPLICATIONS.

While not the most serious, ear discharge still remains the most troublesome complication of Scarlet Fever, as it frequently prolongs the necessary period of hospital isolation far beyond the average, and ultimately causes a not inconsiderable amount of deafness among the children attacked.

## Diphtheria.

The table on page 120 shews a total number of admissions for Diphtheria of 113, compared with 70 cases in 1927.

In view of the fact that we possess, in antitoxin, a specific cure for Diphtheria, the fatality rate appears excessively high.

This fact emphasises the importance, in Diphtheria, of the time factor.

Time is all-important in the treatment of Diphtheria. Anti-toxin is a specific cure for the disease only provided it is given early enough and in sufficient amount.

The following table shews the stages at which 19 fatal cases (excluding tracheotomy cases) were admitted :—

Admitted on the 2nd day	...	...	2
„ „ 3rd „	...	...	6
„ „ 4th „	...	...	6
„ „ 5th „	...	...	3
„ „ 6th „	...	...	1
„ „ 7th „	...	...	1

One case died within 8 hours after admission, two cases within 16 hours, one within 20 hours, and one within 24 hours.

In the remaining cases death ensued within periods varying from 6 to 15 days, except one which succumbed at the 48th day from late heart failure.

Thirteen other Diphtheria cases were placed upon the “ Dangerously Ill ” list as being likely to die, but recovered.

Seven of these cases subsequently developed severe complications before discharge.

With a view to diminishing the fatality rate among these late cases a method of giving serum directly into the veins was started towards the end of the year. This method takes up a good deal of the Medical Officer's time, and is not unattended with some risk of dangerous shock, but the results have, so far, justified its employment.

During the year immunisation of the hospital staff against Diphtheria was started. Forty-one persons were Schick Tested, and of 19 positive reactors, 18 were immunised. Up to the present no case of Diphtheria has occurred among the immunised staff.

### Small Pox.

During the year, 185 patients have been under treatment at the Pinley Small Pox Hospital. Nineteen of these were remaining in from 1927, and 166 cases were admitted. The admissions of new cases averaged between two and three weekly up to December 22nd. The year closed with two cases only remaining in the hospital.

Details of these cases are as follows :—

	Remaining in Hospital 1st Jan., 1928	Admitted during 1928.	Total.	Recovered.	Died.	Remaining in Hospital 1st Jan., 1929
City Cases .. .. .	1	121	122	120	1	1
Cases from :—						
Atherstone R.D. .. ..	2	2	4	4	..	..
Coventry R.D. .. ..	..	13	13	13	..	..
Foleshill R.D. .. ..	5	6	11	10	1	..
Meriden R.D. .. ..	..	1	1	1	..	..
Nuneaton U.D. .. ..	11	23	34	33	..	1
	19	166	185	181	2	2

Dealing with the 166 cases admitted during the year :—

160 were diagnosed on admission as Small Pox

5 „ „ „ „ „ „ Chicken Pox

1 „ „ „ „ „ „ Purpura

Of the 160 Small Pox admissions—

26 had previously been vaccinated.

134 were unvaccinated.

Of this latter number (134) 27 were vaccinated after exposure to infection and 21 of these “took.”

Two of these cases were remaining in hospital at the end of the year, and for the cases discharged the average length of stay in hospital was 20.3 days for all cases, and 19.7 days for the 177 cases of Small Pox.

Two deaths occurred amongst the patients admitted, the registered cause of death being in one case Morbus Cordis, and in the other Acute Primary Pneumonia.

The average period of stay of those patients who were admitted to the City Hospital was 41.3 days.

The maximum number of patients in the City Hospital at any time during the year was 99, and the minimum 52. The average throughout the year was 77.



The current expenses of the City Hospital (including capital charges) during the last financial year ending 31st March, 1928, amounted to £8,232 12s. 9d.; those for the Pinley Hospital to £910 13s. 10d.

During the same period the sum of £1,418 12s. 0d. was received on account of the admission of patients to the City Hospital from outside districts, etc., and £719 8s. 0d. was similarly received in connection with Pinley Hospital.

The current expenses of the two hospitals for the year ended 31st December, 1928, totalled £8,188 for the City Hospital, and £1,045 for the Pinley Hospital.

For the City Hospital the sum above stated (£8,188) for maintenance expenses, divided among the average number of patients, amounted to 39s. 4d. per head per week.

The average sum expended per week during the year for diet amounted to £35 7s. 6d.; this, divided among the average number of patients and boarded staff, amounts to 6s. 1.9d. each per week, or the cost of diet for each boarded person was 10.56d. per day.

### **Disinfecting and Ambulance Stations.**

The following figures represent the work that has been done in connection with the Disinfecting and Ambulance Stations:—

Visits paid to houses where Infectious disease was suspected or notified—2,612.

Patients removed to the City Hospital—610.

Patients removed to the Pinley Hospital—135.

Houses disinfected by fumigation or spraying—1,152.

Articles disinfected by steam—10,490.

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by steam, has been carried out when necessary.

The work involved under this heading necessarily varies a great deal from year to year according to the prevalence of those infectious diseases dealt with.

During 1928 it has varied in a further way. The large extension of the City has increased its long diameter from three miles to eight miles. Patients have to be brought from longer distances, and more time is occupied by the fetching and returning of bedding, clothes, etc., and in the disinfection of houses. At the commencement of the war the staff employed was a

disinfector and an ambulance driver, who acted also as assistant disinfector. Owing to the war this staff was reduced to one man, who performed both functions, though on the removal of stretcher cases he *had* to receive other assistance.

No change has since been made, but I have advised that with the extended boundary two men are imperatively needed.

Another matter calling for consideration in this connection arises in regard to urgent cases requiring removal at night-time, or out of office hours. Fortunately, the present laundry engineer can drive the ambulance and his services have frequently been requisitioned. But times occur when he is not available, and in connection especially with Tracheotomy cases we have sometimes had to inform a medical man requesting the removal of a patient that he must make his own arrangements for this removal. This has sometimes been done by the medical man bringing the patient in his own car; occasions have arisen when such cases have been brought to the hospital by perambulator. This is a position which requires altering.

### **Public Mortuary.**

The Public Mortuary has been used on 59 occasions during the year.

Fifty-six of the bodies were brought in by the ambulance, one by the Police, and two by other persons.

The post-mortem room was used seventeen times.

The body of one still-born infant was brought in by the Police; and the particulars relating to the other fifty-eight bodies are as follows :—Sudden death, 24; suicide, 19; motor and street accidents, 7; waiting interment, 4; found drowned, 1; accidentally gas-poisoned, 1; electrocuted, 1; and fall from house-roof, 1.

### **GENERAL PROVISION OF HEALTH SERVICES.**

Information in a summarized form is asked for by the Ministry of Health under the following heads :—

*Hospitals provided or subsidiz d by the Council :—*

#### **(A) (1) *Fever.***

The City Isolation Hospital provided by the Council is situate in Stoney Stanton Road; built for 104 beds.

#### **(2) *Small Pox.***

The Pinley Small Pox Hospital provided by the Council is situate on the south-east outskirts of the City; built for 18 beds

*(B) (1) Tuberculosis.*

A Sanatorium is provided by the Joint Tuberculosis Committee of Warwickshire and Coventry. Hertford Hill Sanatorium, situate at Hatton, in the Warwick Rural District; accommodation for 190 beds for men, women and children.

*(2) Maternity.*

No hospital or home is provided by the Council, but by agreement with the Coventry and Warwickshire Hospital and with the Board of Guardians, beds in the Maternity Wards at this Hospital and at the Gulson Road Hospital are at the call of the Maternity and Child Welfare Committee.

*(3) Children.*

No provision is made by the Council, but there is a Children's Ward at the General Hospital, and the Guardians have a Children's Ward.

*(4) Other.*

The General Hospital for the City is the Coventry and Warwickshire Hospital, situate in Stoney Stanton Road. It is a voluntary institution, and has accommodation for 275 beds.

The Gulson Road Hospital, provided by the Guardians, is situate in Gulson Road, and has accommodation for 336 beds.

*Institutional provision for unmarried mothers, illegitimate infants and homeless children.* Accommodation for any of these cases is available at the Gulson Road Institution.

*Ambulance facilities.*

The Council has provided—

- (a) Motor Ambulances and a van for infectious cases.
- (b) Motor Ambulances for non-infectious cases and accidents.

*Clinics and Treatment Centres.*

The Municipal Infant Welfare Centre is carried on at the Old Barracks Hospital, and includes an Ante-natal Clinic. No treatment is provided. (Further details appear on page 105).

There are three voluntary Infant Welfare Centres, managed by a voluntary committee of ladies, and these are situate at Leicester Causeway, Bray's Lane, and Dunsmoor, Holyhead Road.

A further three voluntary Infant Welfare Centres, under the management of three separate voluntary committees, are situated in the extended portion of the City:—At Stoke Heath, open each Wednesday; at Holbrooks Lane, open every other Wednesday; and at Longford, open every other Thursday. The Council allots the services of a Health Visitor to each Centre, and the services of a Medical Officer to Stoke Heath and Holbrooks Lane Centres. The Longford Centre have made their own arrangements for the attendance of a medical man.

There are no Day Nurseries.

The School Clinic is situate in King Street and contains:—General Treatment, Dental, Eye, X-Ray and Cleansing Departments. (See School Medical Officers's Report).

The Central Tuberculosis Dispensary of the Warwickshire and Coventry Joint Committee is situate at 4, The Quadrant. It is fitted with an X-Ray Department. (See page 88).

The Venereal Diseases Treatment Centre is organised as part of the Coventry and Warwickshire Hospital. (See page 99).

An Orthopædic Clinic is carried on at "Dunsmoor," Holyhead Road. It is a voluntary institution.



*Public Health Officers.* (See page 4).

*Professional Nursing in the Home*

(a) *General.*

There are three nursing associations—the Coventry and District, the Foleshill, and the Tile Hill, Westwood and District Nursing Associations. Private nurses are available if required.

(b) *For Infectious Diseases, e.g., Measles, etc.*

By agreement with the City Council the home nursing of measles, German measles, whooping cough, puerperal fever and puerperal pyrexia is performed by the two Nursing Associations. A retaining fee is paid, £50 per annum to the Coventry Association, and £8 6s. 8d. to the Foleshill Association, to cover all cases attended and nursed. A return of all such cases attended is sent to the Medical Officer of Health. The arrangements for general home nursing in the City are in the hands of the voluntary Nursing Associations.

*Midwives.*

The City Council does not employ practising midwives, nor does it subsidize any.

The number of practising midwives in the City is 51, and some details of their work are given on page 112.

## CHEMICAL AND BACTERIOLOGICAL WORK.

Chemical examinations of water are carried out by the Chemist appointed by the Waterworks and Sewage Farm Committees, Mr. Cecil B. O. Jones; foods and drugs are submitted to the Public Analysts.

Bacteriological examinations of samples of water and of milk are arranged for with the Birmingham University, and venereal diseases specimens are sent there also, some few of the latter being examined at the Coventry and Warwickshire Hospital.

Bacteriological examinations in aid of the diagnosis of infectious diseases are performed by the Lister Institute, the results of which for the year are shewn on page 76.

From July the bacteriological examination for diphtheria of throat swabs from the City Hospital and the School Clinic has been carried out at the Health Department by the Deputy Medical Officer of Health, with the assistance of the Senior Clerk.

This has facilitated the work at the City Hospital and resulted in an appreciable saving of time and expense.

## LOCAL ACTS, ADOPTIVE ACTS, BYE-LAWS, AND LOCAL REGULATIONS (WITH DATES) IN FORCE IN THE CITY.

### Local Acts.

The Coventry Corporation Act, 1900	...	Royal Assent, 6/8/1900
The Coventry Corporation Act, 1907	...	„ „ 2/8/1907
The Coventry Corporation Act, 1911	...	„ „ 2/6/1911
The Coventry Corporation Act, 1920	...	„ „ 4/8/1920
The Coventry Corporation Act, 1921	...	„ „ 17/8/1921
The Coventry Corporation Act, 1927	...	„ „ 29/7/1927

### Adoptive Acts.

The Infectious Disease (Notification) Act, 1889	...	1/1/1890
The Infectious Disease (Prevention) Act, 1890	...	do.
The Public Health Acts Amendment Act, 1890	...	do.
The Museums and Gymnasiums Act, 1891	...	1/9/1894
The Private Street Works Act, 1892	...	3/4/1893
The Public Libraries Acts	...	1867
The Baths and Washhouses Acts	...	1846, 1847, 1878
The Public Health Acts Amendment Act, 1907	...	1910
(Various parts).		
The Public Health Act, 1925 (Parts II., III. [less Section 33], IV. and V.)	...	1/3/1926

### Bye-Laws.

Common Lodging Houses	...	14/1/1851
Slaughter Houses	...	7/7/1859 and 26/4/1892
Nuisances	...	24/5/1859
Houses let in Lodgings	...	14/12/1885
Public Baths	...	9/11/1893
New Streets and Buildings...	...	30/3/1927
Employment of Children	...	30/4/1910
Offensive Trades	...	26/10/1920

## VII. OTHER SERVICES.

### MENTAL DEFICIENCY ACT, 1913.

The following is from the Annual Report of the Mental Deficiency Act Committee for the year 1928 :—

“ The year 1928 has seen a large extension of the numbers of cases coming within the activities of the Committee, no less than forty new statutory cases having been added to the Register.

As a result of the boundary extension, responsibility was taken over from the Warwickshire Mental Deficiency Act Committee for ten cases in institutions, 4 statutory and 30 voluntary cases under home supervision. Upon enquiry being made, 20 of the 30 voluntary cases were found to be in satisfactory circumstances and they were not placed upon our supervision list.

The total number of cases under consideration during the year was 201.

Forty new cases (including 14 transferred to the City at the Boundary Extension) have been notified to the Local Authority, bringing the total number of cases notified under the Act to 181. Of these, 10 have died, 5 are in Asylums, 40 are in approved institutions, 1 is under Guardianship, 113 are under supervision in their own homes, 2 are under special supervision whilst on leave of absence on trial from institutions, 5 have left Coventry, and 5 have been certified as lunatics and removed from the register.

Four fresh cases have been sent under Orders to Institutions, and 1 case was placed by Order under Guardianship. Two cases have been transferred from the Midland Counties' Institution—1 to Rampton State Institution and 1 to Hatton Mental Hospital; and 2 cases were granted leave of absence on trial, 1 to his home and another to the care of a Guardianship Society.

On the 31st December, the Committee was responsible for the maintenance of 31 defectives in the following institutions :—The Midland Counties' Institution, Knowle, 12; Stapleton Poor Law Institution, Bristol, 4; Whittington Hall, Chesterfield, 3; Worcester Poor Law Institution, 2; Carnarvon Poor Law Institution, 2; Dudley Poor Law Institution, 2; Stoke Park Colony, Bristol, 1; Cloughs Certified Institution, Stoke-on-Trent, 1; Sealeld Home, Liverpool, 1; Home of the Holy Innocents, Exeter, 1; Besford Court Institution, 1; and Walsham How Home, Walthamstow, 1.

There are 9 other notified defectives in institutions as follows:—London Road Poor Law Institution, 2; Rampton State Institution, 4; Whittington Hall, 1; Red House Farm, Norwich, 1; Nunaton Poor Law Institution, 1; but these are not a charge upon the Committee.

'Statutory' cases to the number of 113, and 25 'voluntary' cases have been under supervision in their own homes.

Visits to the number of 299 have been paid to the homes of cases coming under the consideration of the Committee during the year.

The average cost per case per week for the 31 cases maintained by the Committee in Institutions at the 31st December was 23s. 10d., as compared with 22s. 6d. at the beginning of the year.

The case of a female defective aged 25 years, who had been



under supervision at home for 9 years necessitated consideration early in the year owing to the death of her father and the consequent inability of her mother to maintain her at home. The case was placed under Guardianship, and from the date of the Order, February 15th, an allowance of 16/- per week was made to the mother.

The names of 4 cases were referred to the Committee by the Board of Control under the provisions of the Act. These were cases maintained by the Board of Guardians at the Poor Law Institution.

Two cases were reported by the Chief Constable as persons who, when charged with an offence, appeared to be defective. In one of these evidence as to the mental condition was given by the Prison Medical Officer from Birmingham, and the Magistrates made an Order placing the case under the care of his brother-in-law. The other case was on the Register of Defectives and was a former reformatory school boy. The Magistrates sent him back to the reformatory.

One patient in an institution was allowed leave of absence on trial to the care of the Brighton Guardianship Society. Two posts were obtained for him—one as a farm helper, from which he was discharged for pilfering money, and the second as a house-boy, which he held for some weeks only. His instability and lack of control made it necessary for him to be returned to the institution.

Two blind mentally defective children were notified during the year, and unsuccessful efforts were made to obtain their admission to institutions.

The provision of institutional accommodation has received serious consideration during the year. A deputation waited upon the Board of Control early in the year to discuss the position. The Managers of the Midland Counties' Institution, Knowle, were approached upon the question, but they stated that they did not contemplate any extension of their accommodation. Negotiations with the Warwickshire Mental Deficiency Act Committee have been carried out with the assistance of the Board of Control, but the reply from that Committee was that they only contemplated providing accommodation sufficient to meet a part of their own requirements, and that the question raised by this authority

would be considered if they should find themselves with accommodation to spare."

### MENTAL DEFICIENCY ACT, 1927.

On March 21st I presented the following Special Report on the above Act to the Mental Deficiency Act Committee:—

1. "This Act came into force on December 22nd, 1927, and for the information of your Committee I am enclosing herewith an official print of it.

2. The provisions of this Act extend the duties of your Committee in three different ways:—

(1) By bringing numbers of defectives within the provisions of your existing powers by reason of the removal of the limiting clause in the principal Act, which required that defectives subject to be dealt with under that Act should be those persons only in whose case such defect existed from birth or an early age: the new definition (as given in paragraph 4 below) substitutes 'the age of 18 years' for 'birth or an early age,' and gives a definition of '*Mental Defectiveness*' which was not expressly defined in the former Act.

(2) By making it competent for the local authority to deal with a defective on the representation of the parent or guardian.

(3) By imposing on the local authority the duty of providing suitable training or occupation for defectives.

3. The object of the Act is to remove certain defects in the Mental Deficiency Act of 1913 (hereinafter referred to as 'the Principal Act') which experience has brought to light, and also to enlarge the powers, and to some extent the duties, of the Local Authority.

4. Section 1 of the Act substitutes new definitions for those which are contained in Section 1 of the Principal Act. The new definitions avoid the use of the expression 'from birth or from an early age,' an expression which has given rise to many difficulties and differences of opinion. Mental defectiveness, for the purposes of the Act, is now defined as follows:—

'Mental defectiveness' means a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury.

Cases of mental defect of any age may be dealt with under the Act if there is evidence to show that the defect existed before the age of eighteen.

5. Attention is drawn to the fact that the new definition expressly provides that 'mental defectiveness,' within the meaning of the Act, may be due not only to inherent causes, but it may have been induced by disease or injury. Cases of mental defect arising from encephalitis lethargica, epilepsy or other diseases are thus clearly brought within the Act. In the present state of our knowledge, institutions for defectives offer the most appropriate places so far provided for the care and training of certain post-encephalitic cases. In some areas the need for providing for such cases is urgent.

6. In connection with the definitions the Board of Control desires to emphasize the fact that mental defect, within the meaning of the Act, may exist in persons of some—or even considerable—intellectual capacity. The criterion, except in the case of feeble-minded children, is whether the individual is so mentally defective that he requires care, supervision and control.

7. A slight enlargement of the class of persons who are subject to be dealt with is made by including any patient with respect to whom a representation has been made to the Local Authority by his parent



or guardian that he is in need of care or training which cannot be provided in his home. Prior to the new Act the Local Authority could only deal with such a case if it was 'neglected, abandoned, or without visible means of support, or cruelly treated.'

8. The other amendments which are made by this Section provide for notification by Education Authorities of defective children who are in need of any one of the three methods of help provided by the principal Act, namely, supervision or guardianship or institutional treatment.

9. Experience has shown the vital importance of providing training or occupation for defectives. This fact is already realised by many Local Authorities, but some doubt has existed as to the power to provide training or occupation for defectives under supervision. Section 7 removes this doubt, and amends Section 30 of the principal Act so as to impose on Local Authorities the duty of providing suitable training or occupation for defectives, whether under supervision or guardianship or in certified institutions. In some instances defectives who would otherwise need institutional treatment may properly be dealt with by way of supervision or guardianship if suitable training or occupation is provided for them. In order to meet the cases where there may be adequate reasons for not providing training or occupation for defectives under supervision, a proviso is included in the Act under which Local Authorities are relieved from the obligation if they satisfy the Board that the reasons are adequate.

10. Section 7 also imposes on the Board the duty of exercising a general superintendence over the training and occupation of defectives.

11. Section 9 amends Section 44 of the principal Act, which relates to the determination of residence. The operation of that Section has occasioned some injustice in certain areas where public or charitable institutions have been established and cases of mental defect occurring therein have become chargeable on the Local Authority of the area, irrespective of the patient's original place of residence. Section 9 of the new Act is designed to remove this difficulty by providing that where an Order under the Mental Deficiency Act is made in respect of a person in an institution, his place of residence, for the purpose of Section 44, shall be deemed to be the place which was his place of residence immediately before he was received into the institution.

12. Section 10 specifically provides that a Local Authority may receive into its own certified institution defectives from any other Local Authority. It also enables an Authority which is both the Local Education Authority and the Mental Deficiency Authority to provide an institution to be used both as a certified institution under the Mental Deficiency Act and as a certified school under the Education Act, 1921."

### BLIND PERSONS ACT, 1920.

The local administration of the work under this Act has been delegated by the Council to the Coventry Society for the Blind, who carry out all the duties prescribed, except that relating to home workers. These are employed under the supervision of the Birmingham Royal Institution for the Blind.

The extension of the City added two approved blind home workers and from 20 to 25 other blind persons to the numbers already on the register.

In addition, the Public Health Committee undertook, as



from the 1st April, the responsibility of maintaining a blind child in a Sunshine Home at Leamington.

The case of a blind girl of 15 years who was reported as likely to benefit by special training was recommended to the Education Committee, upon whom the responsibility of providing training devolves.

In connection with the blind home workers the Local Authority paid the Birmingham Institution at the rate of grant for grant with the amount paid by the Ministry of Health, which amounts approximately to £20 per worker per annum. During the year ended March 31st, 1929, £224 6s. 7d. was paid in respect of 12 blind home workers.

The Institution provides these workers with material at cost price, and when necessary arranges to dispose of their finished articles; it augments, up to a maximum amount of 10/- per week, their actual earnings, the lower the earnings the more augmentation is paid according to a definite scale.

An annual donation is made to the National Library for the Blind, based on the number of blind persons in the City able to benefit from the Library's books. Braille publications are available through the Central Public Library.

The Coventry Society for the Blind had 125 persons on the Register of the Blind in the City on the 31st December, 1928, and the grant made to the Society by the Local Authority for the twelve months ended the 31st March, 1929, amounted to £124 13s. 5d.

There is a local depôt for the sale of articles produced by the blind.

The Postmaster kindly informs me that under the facilities provided by the Wireless Telegraphy (Facilities for Blind Persons) Act, 61 free licences have been issued to blind persons in the City.

**SUMMARY OF ANNUAL RETURN CONCERNING BLIND PERSONS ON THE REGISTER OF THE COVENTRY SOCIETY FOR THE BLIND AT DECEMBER 31ST, 19**

**TABLE I. - Number of Blind Persons on Register (In age groups.)**

Age periods.									Total	
0—5	5—16	16—21	21—30	30—40	40—50	50—60	60—70	70 & over	M.	F.
M. F. .. 1    3    6	M. F. 1    1	M. F. 4    1	M. F. 7    3	M. F. 10   8	M. F. 17   8	M. F. 7    14	M. F. 15   19		64	61

**TABLE II.—Age incidence of Blindness amongst those on Register.**

Age periods.										
0—1	1—5	5—10	10—20	20—30	30—40	40—50	50—60	60—70	70 & over	
M. F. 10 7	M. F. 1 5	M. F. 2 1	M. F. 7 5	M. F. 3 3	M. F. 4 5	M. F. 13 7	M. F. 6 11	M. F. 14 9	M. 4	

**TABLE III.—Employment of Blind Persons (Age 16 and over.)**

Employed			Trained but Unemployed			Under Training			No training but trainable			Unemployable			Total	
M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.
20	4	24	2	1	3	1	..	1	..	1	1	38	48	86	61	54

**TABLE III. (a.)—Occupations of those employed.**

Tuners .. .. .	4	Newsagent .. .. .	1
Basket and Cane Workers .. .. .	2	Upholsterer .. .. .	1
Boot Repairers .. .. .	2	Journalist .. .. .	1
Knitters .. .. .	2	Teacher of Music .. .. .	1
Head Phone Testers .. .. .	2	Lithographer .. .. .	1
Typist .. .. .	1	Manufacturer's Agents Canvasser	1
Brush Maker .. .. .	1	Tailor .. .. .	1
Mat Maker .. .. .	1	Baker .. .. .	1

**TABLE IV.—Physically and Mentally Defective Blind Persons.**

Mentally defective (a).			Physically defective (b).			Deaf (c).			Combinations of a. b. and c.			Total	
M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	Total.	M.	F.
2	1	3	3	3	6	4	4	8	Nil.			9	8

**TABLE V.—School Age period (5-16) According to Mental or Physical condition.**

Normal			Mentally defective			Physically defective			Deaf	Total	Total defectives	Percentage defective
M.	F.	P.	M.	F.	P.	M.	F.	P.				
1	5	6	2	1	3	Nil.			Nil.	9	3	33

The following is an extract from the Annual Report of the Coventry Society for the Blind to the City Council :—

“ The Committee have pleasure in presenting their Annual Report to the City Council, for whom they are administering the Blind Persons’ Act of 1920.

At the time of writing there are 125 Registered Blind in the City, three of which are cases under observation, which may develop either adversely or the contrary.

Roughly analysed, the cases are as follows :—

1. One child under 5 in the Sunshine Home.
2. Eight children, from 5—16.
3. Two adults in training.
4. Five employed by various firms.
5. Twelve Home Workers.
6. Six in Union.
7. Nine quite independent, but most of them are visited.
8. Eighty-six unemployables (4 of these are Guardians’ cases).

The work amongst the last section is still hampered from lack of adequate funds, and would have been still more so, except for the fact that various bodies have from time to time undertaken the expenses connected with the social evenings periodically held during the year—not so frequently as is desirable.

For the younger women an afternoon class was inaugurated early in April under the supervision of the Home Teacher, for the purpose of teaching them simple pastime occupations, such as rug-making, raffia and bead-work. This class is very much appreciated, and is attended by all who can find guides to take them.

In connection with this class and the social events, the Committee wish again to express their thanks to the City Council for allowing free passes on the trams and omnibuses, the attendance having been much better since this concession was granted.

The Society is still unable to bring up the incomes of unemployables to a desirable standard owing to insufficiency of income, but we would wish to point out again that the figures of Union and Guardian cases are particularly low, it being one of the aims of the Society that blind persons should not be deprived of home life.

Miss Hobby—the Home Teacher—sent in her resignation in May, her time to expire in December. The post was advertised in the ‘Beacon’ and the ‘Teacher of the Blind,’ and at a special meeting of the Committee Mrs. Ray was appointed.

The appointment was made, subject to the approval of the Ministry of Health, and also to Mrs. Ray’s gaining the certificate required by the Ministry within two years of the appointment. Mrs. Ray is excellently equipped for the post, and has been carrying on for the past three weeks.

Once again the Committee wish to emphasise the almost nominal working expenses in connection with the Society, due to the fact of there being no office expenses, and no official salaries other than that of the Home Teacher.

The wireless sets that have been provided by subscribers are a never-ending source of delight to those who have them, there is still a considerable waiting list which we hope to supply when more funds are forthcoming from friends and subscribers.”

## SANITARY CONDITION OF THEATRES, MUSIC HALLS, &c.

In accordance with the requirements of the Ministry of Health’s Circular (No. 120), an inspection of the sanitary con-



ditions of the seventeen theatres, music halls and places of public entertainment in the district has been made, and reports submitted to the Public Health and Watch Committees.

## DISEASES OF ANIMALS ACTS AND ORDERS OF THE MINISTRY OF AGRICULTURE.

Hitherto the Chief Sanitary Inspector in this City has been the appointed Inspector under these Acts and Orders. In most districts these matters are in the hands of the Police.

Latterly it has been increasingly apparent that the time of a restricted staff of Sanitary Inspectors has often been too much taken up by matters having no direct relationship to their own proper work.

In 1925 the Departmental Committee appointed by the Minister of Agriculture and Fisheries to consider the outbreak of Foot and Mouth Disease which occurred in 1923-1924 recommended that : " As the police are required to execute and enforce every Order of the Minister, the chief constable should be the chief inspector of the local authority for the purpose of the Diseases of Animals Acts. This would facilitate direct supervision and control of the police by their own chief and tend to greater rapidity of action."

Following on that report, the Minister of Agriculture and Fisheries (July, 1925) recommended local authorities to adopt this course. And again, in a circular letter (January, 1926), he reiterated the advice to those local authorities who had not appointed the Chief Constable as the Chief Inspector under the Acts; he even suggested the possibility of legal powers being obtained to enforce his view.

On the extension of the City Boundary in April, 1928, and the resulting inclusion in the City of a considerable amount of rural area, it was decided that a need existed for an Agricultural Committee, and this opportunity was taken of transferring the duties under these Acts from the Public Health Committee to that Committee, and at the same time appointing the Chief Constable as the Chief Inspector in this connection.

The Fertilisers and Feeding Stuffs Act was at the same time similarly transferred.

## RATS AND MICE DESTRUCTION ACT, 1919.

Mr. Martin, the Executive Officer under this Act, reports as follows :—

No. of rat-infested premises under observation, Decem-					
ber, 1927	...	...	...	...	134
„ „ complaints received during the year	...	...	...	...	103
„ „ visits	...	...	...	...	103
„ „ re-visits	...	...	...	...	335
„ „ poison baits laid by the Staff of the Public Health					
Department	...	...	...	...	1,949
„ „ poison baits laid in sewers	...	...	...	...	312
„ „ tins of poison supplied to occupiers of premises...					396
„ „ instances where smoke and sulphur were applied					
to rat runs	...	...	...	...	30
„ „ notices sent requiring premises to be made rat-					
proof	...	...	...	...	12
„ „ rat runs from defective drains sealed up and					
defects in drains remedied	...	...	...	...	22
„ „ premises made rat-proof	...	...	...	...	8
„ „ cases where some improvement was reported	...	...	...	...	32
„ „ instances where, on subsequent inspection, premises					
were reported to be free from rats	...	...	...	...	43
„ „ rat-infested premises under observation at the					
close of the year	...	...	...	...	186
„ „ carcasses or tails of rats for which awards were					
paid at the Refuse Destructor	...	...	...	...	8,072

In all cases where premises are found to be infested with rats, a leaflet issued by the Ministry of Agriculture, explaining methods of rat destruction, is supplied to the occupier.

## HEALTH PROPAGANDA.

Section 67 of the Public Health Act, 1925, is as follows :—

“Any local authority or county council may arrange for the publication within their area of information on questions relating to health or disease, and for the delivery of lectures and the display of pictures in which such questions are dealt with, and may defray the whole or a portion of the expenses incurred for any of the purposes of this section.”

Apparently this Section was included in the Act to set at rest any doubt that existed as to the powers of a local authority to spend money in this way.

Most local authorities had spent money in one way or another in directions calculated to educate the public in matters relating to health.

A large portion of the work of the staff of School Clinics, Tuberculosis Dispensaries and Welfare Centres consists in education in the ways of hygienic living and prevention.

Beyond these, many and probably most authorities use leaflets, lectures, exhibitions, etc., from time to time with the same object.

The Central Council for Health Education of the Society of Medical Officers of Health has done much in the way of co-ordinating the educational work of numerous voluntary societies and placing these in touch with local authorities requiring their assistance. They have also been instrumental in starting a little popular monthly journal, "Better Health," which has been taken up by a large number of local authorities for distribution through their clinics, etc. This journal was started in October, 1927, and has now reached a circulation of over 200,000 per month.

Your Public Health Committee have subscribed to this journal since its inception and now, by the insertion of local advertisements in what is, in effect, a local edition, is able to obtain 4,000 copies per month free of expense. The only trouble entailed is that of local distribution.

## **VIII. HOUSING.**

### **HOUSING OF THE WORKING CLASSES.**

It has again not been possible to put into operation the sections of the Housing Acts relating to the closure of unfit houses, owing to the absence of alternative accommodation for displaced tenants.

The usual re-inspection was made during the year of all houses which, since the passing of the Act of 1909, had been converted from back-to-back to through-ventilated houses, and it is satisfactory to report that, without exception, the houses were properly occupied as through-ventilated houses.

### **THE QUESTION OF DEALING WITH INSANITARY PROPERTY.**

Owing to the ancient character of the old portion of the City of Coventry it is to be expected that we have inherited from the



past a considerable amount of old property—property which continually requires attention in the way either of repairs or of demolition.

Having formerly been a walled city, the legacy has been left—within the lines of the old wall—of a number of courts with old-fashioned back-to-back or ill-ventilated houses.

These were formerly provided—in the way of sanitary conveniences—with privy-middens and deep ashpits.

During the past thirty years considerable progress has been made in the way of closing and demolishing the worst of this class of property, and a large number of the back-to-back houses have been converted into through ventilated houses.

During the past twenty years no less than thirty-eight (38) courts have been abolished, either as sanitary improvements or to make room for the extension of factories or other buildings or for road improvements.

The work that was done under the Housing Act of 1890 in the way either of closing or improving insanitary dwellings was set out in earlier reports, and that which has since been done under the Housing and Town Planning Act, 1909, between 1910 and 1916 is set out on page 141.

The question of dealing with insanitary property by way of condemned areas has frequently been considered, but a map showing the distribution of the most unfit houses has indicated quite clearly that the best method of procedure would be by dealing with individual houses. This has always been the policy of the Public Health Committee, and I think that the course has proved a wise one.

Since 1916 practically nothing has been possible in the way of *closing* unfit houses.

During that year and other war years the City was flooded with some thousands of munition workers from other parts of the country. Much overcrowding ensued.

And since the war no alleviation has occurred in the great demand for houses of any sort.

Much has been done by the Corporation in the way of building new houses, but the demand is a long way from being satisfied. Some thousands of new houses could be let if they existed.

Under the circumstances next to nothing has been done in

the way of closing houses, even when this course has on many occasions been desired and indeed pressed for by the owners.

The course adopted has been to effect necessary and pressing improvements by means of the Public Health Act, 1875. In this way some of the legal difficulties of the 1909 Act have been avoided.

It has to be admitted, however, that the process of decay and dilapidation in the older property, and perhaps in some of the newer, is such that a larger staff of sanitary inspectors is called for. Housing conditions are not as they should be; nor are they as they might be with a more adequate staff.

# Housing and Town Planning Acts, 1909 & 1925.

The following Table summarises the action which was taken under this Act, and the results which have followed:—

Year.	Houses inspected by Housing Inspector.	Number of representations made to Local Authority, with a view to the making of Closing Orders	Number of Houses considered by Local Authority.	Number of Closing Orders made.	Number of dwelling-houses in which the defects were remedied without the making of Closing Orders.	Number of dwelling-houses, which, after the making of Closing Orders, were put into a fit state for human habitation.	Number of Closing Orders rescinded.	Number of dwelling-houses voluntarily closed.	Number of Demolition Orders made.	Number of Houses Demolished.
1910	24	24	24	24	1	4	..	..	1	2
1911	212	114	114	92	..	5	5	3	3	7
1912	44	107	107	29	11	34	34	2	36	21
1913	91	107	107	87	47	10	..	..	10	50
1914	116	91	91	54	17	16	15	..	19	38
1915	25	20	20	20	..	25	16	..	7	21
1916	2	2	2	..	..	13	13	..	..	6
1917	..	..	..	..	..	..	..	..	..	..
1918	..	..	..	..	..	..	..	..	..	..
1919	33	33	33	3	..	..	..	..	..	..
1920	..	..	..	..	..	..	..	..	..	..
1921	..	..	..	..	..	..	..	..	..	..
1922	..	..	..	..	..	..	..	..	..	..
1923	..	..	..	..	..	..	..	..	..	4
1924	..	..	..	..	..	..	..	..	..	..
1925	..	..	..	..	..	..	..	..	..	..
1926	..	..	..	..	..	..	..	..	..	17
1927	2	2	2	2	..	..	..	..	..	2
1928	..	..	..	..	..	..	..	..	..	..
..	549	500	500	311	76	107	83	5	76	168

Of the 168 houses demolished, 76 were pulled down after Demolition Orders had been made; and in the remaining 92 cases, although Closing Orders had been made, Demolition Orders were uncalled for since the houses were razed for other purposes, viz.

(1) For the improvement of adjoining houses; (2) To clear the site for new buildings, and (3) For Factory extensions. In each case, however, demolition was the result of action taken under the Housing Acts.

The total number of houses demolished in the 19 years 1910-28, was 823.

The two houses demolished during 1927, were pulled down after Closing Orders had been made, without the necessity for Demolition Orders.



The City Engineer kindly provides the following information :—

PLANS APPROVED.										
Year ending 30th Nov.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1904	535	26	80	56	3	0	0	0	16	716
1905	523	33	69	50	1	0	0	1	8	685
1906	1116	55	45	64	4	0	1	2	26	1313
1907	1275	70	45	105	1	0	1	4*	35	1536
1908	1084	16	42	94	2	1	1	0	17	1257
1909	1030	40	54	111	1	1	0	2	4	1243
1910	1205	34	62	141	2	0	1	2	30	1477
1911	1386	40	62	147	8	0	0	2	5	1650
1912	622	69	102	140	3*	0	0	3*	16	955
1913*	1236	75	98	113	7	0	0	1	15	1545
1914	1189	43	91	118	2	1	0	4*	3	1451
1915	510	77	46	119	2*	2	0	0	6	762
1916	163	75	55	86	1	0	0	0	2	382
1917	287	69	34	46	3	0	0	0	8	447
1918	71	41	27	50	0	0	0	0	0	189
1919	126	63	54	272	2*	0	0	0	1	518
1920	686	55	55	308	0	0	0	0	2	1106
1921	36	20	34	122	0	0	0	6	0	218
1922	127	27	51	141	1	0	1	0	1	349
1923	408	39	42	121	0	1	0	1	3	615
1924	539	23	32	246	0	0	0	2	2	844
1925	1159	33	49	203	1	0	0	1	3	1449
1926	1037	21	61	205	0	0	0	0	40	1364
1927	869	23	90	281	0	2	1	4	7	1277
1928	*1228	31	112	217	6	1	1	0	15	1611

BUILDINGS COMPLETED.										
Year ending 30th Nov.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1904	671	13	39	21	0	0	0	2*	0	746
1905	378	14	14	11	2	0	0	1	6	426
1906	728	34	7	16	2	0	0	2	13	802
1907	1010	48	20	32	2	0	0	1	18	1131
1908	1188	26	21	44	2	0	2	1	7	1291
1909	1169	32	28	49	5	0	0	1	14	1298
1910	959	45	20	61	2	0	0	0	13	1100
1911	1211	39	46	66	4	1	0	4*	19	1390
1912	894	67	53	99	2	0	0	0	5	1120
1913	838	67	60	80	12	0	0	4*	10	1071
1914	927	32	56	82	1	2*	0	1	14	1115
1915	785	46	50	85	2*	0	0	1	7	976
1916	418	49	27	26	2	1	0	1	8	532
1917	176	62	24	19	1	0	0	0	3	285
1918	251	29	9	5	0	0	0	0	0	294
1919	125	42	21	83	1	0	0	0	0	272
1920	277	55	27	103	0	0	0	0	6	468
1921	367	22	11	52	0	0	0	6	9	467
1922	223	11	20	85	1	0	0	1*	7	348
1923	122	15	25	131	0	0	1	0	5	299
1924	324	16	20	206	0	0	2	1	4	573
1925	536	13	31	134	0	1	0	1	30	746
1926	877	20	51	176	0	0	0	1	21	1146
1927	1328	18	65	247	0	0	0	0	7	1665
1928	†1128	25	98	253	4	0	2	3	23	1536

\* The total of 1228 houses for which plans have been approved comprises :—886 houses for Private Enterprise ; 304 for the Corporation Housing Schemes ; 38 for the Re-housing Scheme in connection with the Corporation Street Schemes.

† The total of 1128 houses completed comprises :—792 houses for Private Enterprise ; 262 for the Corporation Housing Scheme ; 74 for the Re-housing Scheme in connection with the Corporation Street Schemes.

The Housing Director kindly provides the following information concerning new houses :—

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR :—

(a) Total	...	...	...	...	...	1,156
(b) With State assistance under the Housing Acts :—						
(1) By the Local Authority	...	...	...	...	...	314
(2) By other bodies or persons	...	...	...	...	...	718

The following information is supplied at the request of the Ministry of Health :—

1. UNFIT DWELLING HOUSES.

*Inspection—*

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	1,194
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	...	...	...	...	...	Nil
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	Nil
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	447

2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling houses rendered fit, in consequence of informal action by the Local Authority or their Officers	...	...	...	...	...	357
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3. ACTION UNDER STATUTORY POWERS.

*A. Proceedings under Section 3 of the Housing Act, 1925 :—*

(1) Number of dwelling houses in respect of which notices were served requiring repairs	...	...	...	...	...	Nil
(2) Number of dwelling houses which were rendered fit after service of formal notice :—						
(a) By owners	...	...	...	...	...	Nil
(b) By Local Authority in default of owners	...	...	...	...	...	Nil

- (3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... Nil

*B. Proceedings under Public Health Acts—*

- (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ... \*66
- (2) Number of dwelling houses in which defects were remedied after service of formal notice :—
- (a) By owners ... 54
- (b) By Local Authority in default of owners Nil

\* This figure represents actual structural alterations to houses and does not include matters dealt with merely as nuisances.

*C. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—*

- (1) Number of representations made with a view to the making of Closing Orders ... Nil
- (2) Number of dwelling houses in respect of which Closing Orders were made ... Nil
- (3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit ... Nil
- (4) Number of dwelling houses in respect of which Demolition Orders were made ... Nil
- (5) Number of dwelling houses demolished in pursuance of Demolition Orders ... Nil

It is not possible to conclude this report, or rather this long series of reports, without referring to the loyal assistance I have always received from the various officers of the Health Department. It would perhaps seem invidious to mention names, but it is difficult to avoid referring to my good fortune in having had the co-operation for so many years of your former Chief Inspector, Mr. W. H. Clarke (followed in the past three years by Mr. W. R. Martin). For most of the statistical portions of these annual reports Mr. J. H. Grant has been responsible for many years, and he has devoted meticulous care to their preparation. While the meteorological records have in recent years been in the charge of Mr. W. Storer.



To the Superintendent Health Visitor, Miss Barratt, I have been indebted for a long time for having tactfully guided the work of the Health Visitors, work where many pitfalls exist involving possible trouble and friction with mothers, with midwives, and with medical men, freedom from which has largely characterised our work.

Also I desire to express my gratitude to the Heads of those other Departments, with whom my work has brought me into contact, for their unvarying courtesy and co-operation when this has been called for.

I am appending to this Report an extended schedule of the ages at, and causes of deaths, the Annual Returns (on Tables I. and II.) of the work of the Tuberculosis Officer, and my Annual Report as School Medical Officer.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

E. H. SNELL,  
Medical Officer of Health.

Public Health Department,  
Council House,  
Coventry.

May 30th, 1929.

EXTENDED SCHEDULE OF AGES AND CAUSES OF DEATH, YEAR 1928.

\* Only those causes under which deaths were registered during the year are given in this Table.

No.	CAUSE OF DEATH.	Total	Males.	Females.	Ages.													85 and upwards.		
					0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75		75 to 85	
1-42	I. Epidemic, Endemic and Infectious Diseases.																			
1	Enteric Fever ..	1	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..
7	(b) Paratyphoid fever ..	6	4	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8	Measles ..	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9	Scarlet Fever ..	4	1	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Whooping Cough ..	42	21	21	2	12	21	4	..	1	..	..	1	..	..	..	..	..	..	..
11	Diphtheria ..																			
	Influenza ..																			
	1. With pneumonic complications ..	10	8	2	..	..	..	..	..	..	2	3	2	1	..	..	2	..	..	..
	(a) 2. With other pulmonary complications ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
	1. With non-pulmonary complications ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
	(b) 2. Without stated complication ..	3	3	3	1	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..
21	Erysipelas ..	4	3	1	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..
22	Acute Poliomyelitis ..				..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..
23	(1) Poliomyelitis ..	1	..	1	1	..	..	..	..	..	3	..	..	3	..	1	..	..	..	..
24	Encephalitis lethargica ..	11	4	7	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
31-37	Meningococcal meningitis ..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TUBERCULOSIS (All Forms).																			
31	Respiratory system ..	140	86	54	..	1	15	4	10	32	27	31	11	4	5	..	..	..	..	..
32	Nervous system ..	7	6	1	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..
33	Intestines and peritoneum ..	8	4	4	5	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
34	Vertebral column ..	1	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
35	Joints ..	2	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
36	Other organs ..				..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Lymphatic System (abdominal glands excepted)	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
37	Disseminated tuberculosis ..				..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Acute ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Chronic or unstated ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
38	Syphilis ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
41	Parent infection, septicæmia ..				..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..









No.	CAUSE OF DEATH.	Total.	Males.	Females.	Ages.															
					0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
99	Bronchitis .. .. .	26	10	16	7	..	..	..	..	1	..	..	..	4	1	2	3	8	..	
	(a) <i>Acute</i> .. .. .		27	14	..	..	..	..	..	..	..	..	..	3	5	8	11	11	2	
	(b) <i>Chronic</i> .. .. .	41			..	..	..	..	..	..	..	..	..	4	1	2	15	17	4	
	(c) and (d) <i>Not stated whether acute or chronic</i> .. .. .	53	29	24	4	1	1	..	..	..	..	..	4	4	1	2	15	17	4	
100-101	PNEUMONIA (all forms).																			
100	Broncho-pneumonia .. .. .	30	17	13	8	5	8	..	..	..	1	..	1	3	1	..	1	1	1	
101	Pneumonia (lobar and not otherwise defined, .. .. .)																			
	(a) <i>Lobar</i> .. .. .	30	19	11	2	..	1	..	1	1	1	3	5	7	2	2	4	2	..	
	(b) <i>Not otherwise defined</i> .. .. .	20	10	10	4	1	1	1	..	..	1	2	2	1	..	2	2	2	..	
102	Pleurisy .. .. .	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	
	(1) <i>Empyema</i> .. .. .	4	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
	(2) <i>Other pleurisy</i> .. .. .				..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
103	Congestion and hæmorrhagic infarct of lung .. .. .	8	4	4	..	..	..	..	..	1	..	..	..	2	..	..	2	1	2	
105	Asthma .. .. .	6	3	3	..	..	..	..	..	..	..	..	2	1	..	..	2	1	..	
106	Pulmonary emphysema .. .. .	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	
107	Other diseases of the respiratory system .. .. .				..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
	(a) <i>Chronic interstitial pneumonia</i> .. .. .	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	
108-127	VI. Diseases of the Digestive System.																			
108	Diseases of the buccal cavity and annexa .. .. .																			
	(1) <i>Diseases of the teeth and gums</i> .. .. .	2	1	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	
	(2) <i>Ludwig's Angina</i> .. .. .	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
109	Diseases of the pharynx & tonsils .. .. .																			
	(1) <i>Tonsillitis, etc., adenoid vegetations</i> .. .. .	3	1	2	..	..	..	2	..	..	..	1	..	..	..	..	..	..	..	
	(2) <i>Other diseases included under 109</i> .. .. .	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	
111	Ulcer of the stomach or duodenum .. .. .																			
	(a) <i>Ulcer of the stomach</i> .. .. .																			



[illegible]

No.	CAUSE OF DEATH.	Total.	Ages.															85 and upwards.
			Females.															
			0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85		
138	Salpingitis and pelvic abscess (1) <i>Salpingitis</i> .. .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
139	(2) <i>Pelvic abscess</i> .. .. . Tumours of the uterus not re- turned as malignant .. .. .	2 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..		
143-150	VIII. The Puerperal State.																	
143	Accidents of pregnancy .. .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
144	(b) <i>Ectopic gestation</i> .. .. .	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
145	Puerperal hæmorrhage .. .. .	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
146	Other accidents of childbirth .. .. .	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
147	Puerperal sepsis .. .. . Phlegmasia alba dolens, puerperal embolism, etc. .. .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
148	(2) <i>Embolism and sudden death</i> Puerperal albuminuria and con- vulsions .. .. .	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
151-154	IX. Diseases of the Skin and Cellular Tissue.																	
151	Gangrene .. .. . (1) <i>Senile gangrene</i> .. .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1		
153	(2) <i>Other gangrene</i> .. .. . Phlegmon, acute abscess .. .. . (1) <i>Phlegmon</i> .. .. .	1 2	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..		
155-158	X. Diseases of the Bones and Organs of Locomotion.																	
155	Diseases of the Bones .. .. . (1) <i>Infective osteomyelitis and periostitis</i> .. .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
159	XI. Malformations. (1) <i>Congenital hydrocephalus</i> .. .. . (2) <i>Congenital malformation of heart</i> .. .. . (3) <i>Other congenital malforma-</i>	1 6 6	1 3 3	.. 3 3	.. .. 1	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..		





No.	CAUSE OF DEATH.	Total.	Males.	Females.	Ages.															
					0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 33	33 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85		
					85 and upwards															
185	Accidental injury :—																			
186	By fall .. ..	7	5	2	..	..	..	1	..	..	..	..	1	1	..	..	1	3	..	
188	In mines and quarries ..	2	2	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	
	By other forms of crushing (vehicles, railways, etc.) ..	36	27	9	..	..	3	2	1	3	11	4	3	1	2	5	1	..	..	
190	Wounds of War ..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	
196	Electricity (lightning excepted)	2	1	1	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	
197-199	HOMICIDE —																			
199	By other means .. ..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	
201	Fracture (cause not specified)	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	
204-205	XV. Ill-Defined Diseases.																			
205	Cause of death unstated or ill-defined .. ..																			
	(1) Heart failure (1-70 years)	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	
	(2) Other ill-defined causes	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	
	(3) Cause not specified ..	1	1	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	
Grand Totals ..		1566	848	718	153	27	50	48	24	32	40	93	118	216	120	134	269	191	51	

TABLE I.

Annual Return showing the work of the Tuberculosis Dispensary during the year 1928.

DIAGNOSIS.	Pulmonary				Non-Pulmonary				Total			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
NEW CASES examined during the year (excluding contacts):—												
(a) Definitely tuberculous ..	86	57	3	4	7	2	4	2	93	59	7	6
(b) Doubtfully tuberculous ..	..	..	..	..	..	..	..	..	20	25	7	8*
(c) Non-tuberculous ..	..	..	..	..	..	..	..	..	116	87	28	30
CONTACTS examined during the year:—												
(a) Definitely tuberculous ..	1	1	..	..	..	..	..	..	1	1	..	..
(b) Doubtfully tuberculous ..	..	..	..	..	..	..	..	..	1	2	2	2
(c) Non-tuberculous ..	..	..	..	..	..	..	..	..	17	50	81	79
CASES written off the Dispensary Register as:—												
(a) Cured .. .. .	10	6	2	1	2	3	1	..	12	9	3	1
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error.. .. .	..	..	..	..	..	..	..	..	154	160	117	120
NUMBER OF PERSONS on Dispensary Register on Dec. 31st:—												
(a) Diagnosis completed ..	311	165	14	11	22	20	16	10	333	185	30	21
(b) Diagnosis not completed ..	..	..	..	..	..	..	..	..	..	1	1	..
Number of persons on Dispensary Register on January 1st .. ..	523											
Number of patients transferred from other areas and of "lost sight of" cases returned .. ..	11											
Number of patients transferred to other areas and cases "lost sight of" .. .. .	24											
Died during the year .. ..	85											
Number of observation cases under A (b) & B (b) above, in which period of observation exceeded 2 months ..	7											
Number of attendances at the Dispensary (including contacts) ..	3078 <sup>1</sup>											
Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision .. .. .	144											
Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for:—												
(a) "Light" treatment .. .. .	..(a) 105 <sup>2</sup>											
(b) Other special forms of treatment.. .. .	..(b) 176 <sup>2</sup>											
Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary..	25 <sup>2</sup>											
10. Number of consultations with medical practitioners:—												
(a) At Homes of Applicants ..	..(a) 65											
(b) Otherwise .. .. .	..(b) 413											
11. Number of other visits by Tuberculosis Officers to Homes ..	60 <sup>3</sup>											
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes .. ..	1880											
13. Number of:—												
(a) Specimens of sputum, etc. examined .. .. .	..(a) 1054											
(b) X-ray examinations made in connection with Dispensary work (b) ..	899											
14. Number of Insured Persons on Dispensary Register on the 31st December .. .. .	375											
15. Number of Insured Persons under Domiciliary Treatment on the 31st December .. .. .	180											
16. Number of reports received during the year in respect of Insured persons												
(a) Form G.P.17 .. .. .	..(a) 103											
(b) Form G.P.36 .. .. .	..(b) 576											

\* Includes one tuberculous patient who was more than one month in being diagnosed.

(1) Includes 89 attendances at Dispensaries of patients for artificial pneumothorax treatment.

(2) At Memorial Sanatorium.

(3) Includes 3 visits to patients having artificial pneumothorax treatment.

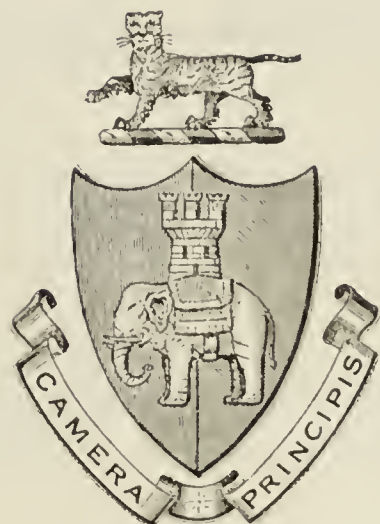
TABLE II.

Return showing the immediate results of treatment of Tuberculosis patients and of observation of doubtful cases discharged from Residential Institutions during the year 1928

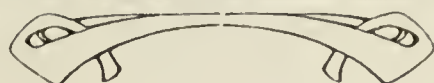
Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institutions												Tot		
		Under 3 months			3-6 months.			6-12 months.			More than 12 months.					
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.			
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent .. .. .	1	..	1	2	..	..	2	..	..	..	..	..	..	1
		Improved .. .. .	..	1	..	1	1	..	2	1	1	1	..	3	..	
		No material improvement	..	..	..	1	..	..	..	..	..	..	..	..	..	
		Died in Institutions	..	..	..	..	..	..	..	..	..	..	..	..	..	
	Class T.B. plus. Group 1.	Quiescent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	
		Improved .. .. .	2	1	..	3	2	..	1	2	..	..	..	..	..	1
		No material improvement	1	..	..	..	..	..	1	..	..	..	..	..	..	
		Died in Institutions	..	..	..	..	..	..	..	..	..	..	..	..	..	
	Class T.B. plus. Group 2.	Quiescent .. .. .	..	..	..	1	..	..	..	..	..	..	1	..	..	
		Improved .. .. .	7	2	..	4	..	..	4	3	..	..	..	..	..	2
		No material improvement	2	..	..	1	1	..	2	1	..	..	..	..	..	
		Died in Institutions	..	..	..	..	..	..	..	..	..	..	..	..	..	
	Class T.B. plus. Group 3.	Quiescent .. .. .	..	..	..	..	..	..	1	..	..	..	1	..	..	
		Improved .. .. .	6	2	..	1	2	..	2	..	..	..	2	..	..	1
		No material improvement	8	4	1	6	2	1	2	2	..	1	..	..	..	2
		Died in Institutions	6	3	..	1	..	..	2	..	..	2	..	..	..	1
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	
		Improved .. .. .	..	..	..	..	..	..	..	1	1	..	..	..	..	
		No material improvement	..	..	..	..	..	..	..	..	..	..	..	..	..	
		Died in Institutions	..	..	..	..	..	..	..	..	..	..	..	..	..	
	Abdominal.	Quiescent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	
		Improved .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	
		No material improvement	..	1	..	..	..	..	..	..	..	..	..	..	..	
		Died in Institutions	..	..	..	..	..	..	..	..	..	..	..	..	..	
	Other Organs.	Quiescent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	
		Improved .. .. .	..	..	..	..	..	..	1	..	..	..	..	..	..	
		No material improvement	1	..	..	..	..	..	..	..	..	..	..	..	..	
		Died in Institutions	..	..	..	..	..	..	..	..	..	..	..	..	..	
	Peripheral Glands.	Quiescent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	
		Improved .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	
		No material improvement	..	..	..	..	..	..	..	..	..	..	..	..	..	
		Died in Institutions	..	..	..	..	..	..	..	..	..	..	..	..	..	
Observation for purpose of diagnosis.			Under 1 week.			1-2 weeks.			2-4 weeks.			More than 4 weeks.				
	Tuberculous .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1		
	Non-tuberculous .. .. .	..	..	..	..	..	..	..	..	..	1	..	..	..		
	Doubtful .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..		
			34	14	2	21	8	1	20	10	2	5	4	5	1	



CITY OF COVENTRY.



# Annual Report



OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

**1928.**

## EDUCATION COMMITTEE.

MR. ALDERMAN A. H. BARNACLE, O.B.E., *Chairman.*

MR. ALDERMAN V. WYLES, J.P., *Vice-Chairman.*

THE MAYOR (MR. ALDERMAN A. J. MAKEPEACE, J.P.,  
L.D.S., R.C.S. (ENG.)).

MR. ALDERMAN BATES, B.Sc., J.P.	MR. COUNCILLOR THOMSON.
„ „ HALPIN, J.P.	„ „ A. TURNER, J.P.
„ „ F. LEE, J.P.	„ „ WILLIAMS.
„ „ SODEN, M.R.C.S., J.P.	THE RT. REV. THE LORD
MR. COUNCILLOR ARMISHAW.	BISHOP OF COVENTRY.
„ „ BAYLEY.	MISS H. DAVIDSON.
„ „ BRADBURY.	„ A. E. FRENCH.
„ „ CHESHIRE, M.B.E.	„ M. SCAMPTON, J.P.
„ „ J. FENNELL.	MR. H. E. CALDICOTT, J.P.
„ „ LEE GORDON.	„ E. J. KIPPS, M.Sc.
MRS. „ HUGHES.	„ J. W. LEE.
MR. „ HOLBROOK.	„ A. B. ODELL.
„ „ MCGOWRAN.	„ W. H. SPENCER.
„ „ ROBERTS.	„ H. J. WHITE.
MRS. „ THOMSON.	„ A. P. YOUNG.

### MEDICAL DEPARTMENT STAFF.

School Medical Officer	-	E. H. SNELL, M.D., D.P.H.
Deputy do. do.	-	A. J. B. GRIFFIN, M.B., B.Ch., D.P.H.
Assistant Medical Officers	-	O. R. HORWOOD, M.A., M.R.C.S., L.R.C.P., D.P.H.
	-	MARGARET J. MOIR, M.A., M.D., D.P.H., D.M.R.E.
School Oculist	-	T. HARRISON BUTLER, M.A., M.D., M.R.C.S.
X-Ray Specialist	-	T. E. C. COLE, M.A., M.D., M.R.C.P.
Aural Surgeon	-	F. W. SYDENHAM, M.D., F.R.C.S.ED.
Senr. School Dentist	-	M. RAESIDE, L.D.S.
	-	J. J. SHEVLIN, L.D.S.
		(Resigned August 31st, 1928).
Assistant School Dentist	-	V. G. BOYLE, L.D.S.
		(Appointed December 1st, 1928).
School Nurses	-	MISS G. I. WHITE. †
	-	„ A. L. LYDDON. §††*
	-	„ M. E. ADCOCK. ¶
	-	„ W. PAYNE. ¶
	-	„ E. C. BATSFORD. ¶
Cleansing Attendant	-	MRS. FISHER.
Senior Clerk	-	T. F. MARSDEN.
Junior „	-	MISS D. K. SILLS.
		(Resigned December 15th, 1928).
		MISS P. M. WALLIS.
		(Appointed December 17th, 1928).

§ Certificate of Central Midwives Board.

† Health Visitor's Certificate of Royal Sanitary Institute.

‡ Certificated (Fever) Nurse.

\* Inspector's Certificate Royal Sanitary Institute.

¶ Three Years General Trained Nurse.

## CITY OF COVENTRY.

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**Twenty-fourth Annual Report**OF THE  
SCHOOL MEDICAL OFFICER.

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To the Right Worshipful the Mayor, Aldermen,  
and Councillors of the City of Coventry.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour of presenting the twenty-fourth Annual Report concerning the schools and school children under your superintendence in this City, a system of medical inspection having been inaugurated by your Council in 1905.

The Board of Education (November, 1925) issued a circular letter with suggestions for the arrangement of Annual Reports, and the subject matter of this Report is therefore arranged in accordance, as far as possible, with those suggestions.

**1. Staff.**

The names of the staff are set out on page 158.

**2. General Observations.**

As indicated above, a system of medical inspection has been in existence in this City for the past twenty-four years. It was started voluntarily by your Council in 1905, two years before the Education (Administrative Provisions) Act of 1907 rendered it a *duty* of a local education authority "to provide for the medical inspection of children immediately before or at the time of or as soon as possible after their admission to a public elementary school, and on such other occasions as the Board of Education direct, and the *power* to make such arrangements as may be



sanctioned by the Board of Education for attending to the health and physical condition of the children educated in public elementary schools."

In my Annual Report for 1905 I wrote: "The medical inspection of scholars is, I believe, of great importance. In this country it is only in its infancy, and to avoid the susceptibilities of parents it has to be approached gradually. I believe that the benefits that would accrue from a system in which all the scholars could be regularly medically inspected would be large to future generations. It is a great mistake to suppose that it is only infectious diseases that are preventible. I recognise that your Committee, in appointing one who is only able to give a portion of his time to the work, is approaching the matter tentatively. The work is, however, all preventive medicine or public health, and I believe that there will be found advantages from many points of view, in its close association with a public health department, whatever may be its ultimate development."

In that Report I discussed the question of the attendance at school of children under the age of five years, which was then customary. Subsequently (in 1906), the Education Committee decided to exclude such children from attendance. As the question has lately been revived in connection with the establishment of Nursery Schools, and as the reasons for and against their attendance at any school are as cogent to-day as they were then, I have ventured to set out the portion of that report dealing with this matter.

"The advantages which might be claimed for such attendance are clearly of two kinds, viz. :—

- (1) Educational advantages; and
- (2) Convenience to the mothers in being thus freed from the duty of looking after their children for a period of the day.

1. Concerning the educational advantages of such attendance, Mr. Cyril Jackson, the Chief Inspector of Public Elementary Schools, in presenting the reports of the five women Inspectors, who were specially assigned to the duty of reporting on the education of very young children, whom the Board of Education has now given local authorities power to exclude, says:—"There is complete unanimity that the children between the ages of three and five get practically no intellectual advan-

tage from school instruction. The mechanical teaching in many infants' schools seems to dull rather than awaken the little power of imagination and independent observation which these infants possess."

Further, there is no correspondence between the efficiency of the educational systems of different countries and the smallness of the age at which school attendance is commenced.

2. Concerning the convenience to mothers, this advantage cannot be doubted in many instances. It may, however, be pointed out that in Coventry there is not much employment of married women in factories in the way that this pertains in many other towns, *e.g.*, in the north of England. Also, if these children are solely sent to school for the convenience of the mothers, it will probably be recognized that a trained staff of teachers is scarcely called for if their function is merely that of looking after infants for the convenience of the mothers.

On the other hand, there are disadvantages in the attendance of young infants which require to be thought of:—

1. It constitutes a waste of public money, both of local and national funds, owing to the necessity for the provision of school accommodation, teachers and appliances. In the school year 1899-1900, Dr. Newsholme, of Brighton, estimated that the sum of £900,000 was spent on the attendance at school of such infants, who obtain no scholastic advantage by such attendance. He urged that this money would be better employed by giving 300,000 boys over 14 years of age an additional year's education or in technical training.

2. Such premature school attendance tends to 'force' functions of the brain which should only come into activity at a later age, and so favours mental deterioration. It greatly increases also the liability to near-sightedness and general ill-health.

The finer muscular movements are not possible to an infant of tender years; the finer movements of the eyes required in accommodation for looking at small and near objects are not accomplished by a young infant without undue effort; this causes him to bring small objects nearer his eyes than he should do, and this is a common cause of short sight in children.

3. A large loss of human life is caused by the aggregation of classes of 50 to 70 children at ages when they are most prone

to be attacked by infectious disease. In such diseases as Measles and Whooping Cough there is no doubt at all that they are spread largely through the agency of schools. The older the child becomes, the less liable is he to be attacked by these infantile diseases, and further, if he contracts one of them, the attack is less likely to be serious. I am fully convinced that the discontinuance of attendance of children under five would be followed by a lessened death rate from some of these infectious diseases common among children.

The position in connection with the exclusion of children under five is defined by Article 53 of the Code of Regulations for Public Elementary Schools issued by the Board of Education in 1905, which is as follows :—

‘ No child may be refused admission to a Public Elementary School on other than reasonable grounds.

Where the Local Education Authority have so determined in the case of any school maintained by them, children who are under five years of age may be refused admission to that school.’

Paragraph (6) of the Memorandum to the Code refers to this matter as under :—

‘ Children under five years of age are not required by law to attend school, and there is reason for believing that the attendance of such children is often accompanied by danger to health. There is also a mass of evidence pointing to the conclusion that a child who does not attend school before six years of age or more will, in general, compare favourably, at a later age, with a child whose attendance began at an earlier age. On the other hand, there is no doubt that parents in certain areas desire that their children should attend school as soon after the age of three as possible, or even before that age. The extent to which parents in any locality desire that very young children should attend school, and the weight which should be attached to the wishes of the parents in this matter are, no doubt, sufficiently well known to the Local Education Authority to enable them to deal on their own responsibility with the question of admitting or excluding children under five years of age. In these circumstances the Board will now give the Local



Education Authority complete discretion on this point, and it will be held under Article 53 that a direction of the Local Education Authority to the effect that children under five shall be refused admission to any particular school or schools is a reasonable ground for excluding such children from the school or schools concerned. If the Local Education Authority so wish, different parts of their area may be treated differently in this respect.' "

In 1906, with the assistance and co-operation of the Head Teachers, I was successful in getting the sight of 9,373 children tested (not counting infants where the tests were often conflicting), discovering thereby 1,428 with defective or very defective sight.

A beginning was made in the matter of examinations for cleanliness (vermin) by borrowing the services of a Nurse from the City Hospital.

In 1907 a sanitary survey of the conditions of the school buildings was instituted and detailed reports were ultimately presented concerning all of the schools, as a result of which many alterations and improvements were effected, mainly in regard to the ventilation and lighting of many of the older buildings.

I also reported concerning all the alleged mentally deficient children, classifying them into groups with a view to the starting of a Special School, which was subsequently established at Wheatley Street.

In 1908 the medical inspection of school children became compulsory (as set out on page 159), and after the necessary reports and consideration, a whole-time Assistant Medical Officer (a lady doctor) was appointed, together with one Nurse and a clerk.

The details of the growth of this department need not be here set out. The present staff is detailed on page 158, and its activities form the subject matter of this report.

The present School Clinic at King Street, which was acquired in 1911, has served its purpose very well, until the requirements outgrew the accommodation available. Separate consulting rooms are desirable for the two medical officers; the numbers attending to see the Oculist are greater than can be

properly accommodated; the X-Ray Department shares a room with the cleansing centre; the appointment of a third Dentist is desirable; but there is insufficient room for this purpose; there is no proper accommodation for the nurses, and it is perfectly clear that the provision of a School Clinic built for this special purpose is called for in the immediate future.

This matter has already been the subject of conversations between the Education Committee and the Public Health Committee as to the provision of a joint establishment which would serve also as a Maternity and Child Welfare Centre. The Warwickshire and Coventry Joint Tuberculosis Committee has also been approached as to whether they would desire to share in any such joint scheme; and consultations on these lines are pending at the present time. Any such joint arrangements would present great advantages administratively, not only from the point of economy in establishment charges, but also in the matter of references from and consultations with the officials of the different departments.

I need not here emphasise another point beyond mentioning it, namely, the anomaly of the position resulting from the purely public health functions relating to children of a circumscribed County Borough such as this being distributed among several different Committees (not counting the Guardians), while every ordinary indication would suggest that they should be under one Committee. The present position is only to be explained by the history of the gradual growth of municipal medical activities.

### **3. School Hygiene.**

There are 23 Council Elementary Schools, with 55 Departments, and 14 Non-Provided Elementary Schools with 20 Departments; there are also 4 Secondary Schools, 1 Junior Technical School, 1 School for Mental Defectives (non-residential), and 1 residential open-air school.

The nominal total accommodation of the Elementary Schools at the close of the year was for 24,872 scholars. There were 23,784 children on the school registers at the close of the year, the average for the year being 23,245.

The average attendance was 21,027, which gave an average percentage attendance for the year of 90.4.

The number of children on the school registers at the 31st

March, 1928, was 21,322, which was increased to 24,367 on the 1st April, 1928, by the acquisition of 7 county schools, which were taken over as a result of the Coventry Corporation (Boundary Extension) Act, 1927.

A report concerning the hygienic condition of the schools was made in the Annual Report for 1920.

From time to time one or other of the Assistant School Medical Officers makes detailed reports on the sanitary condition of the schools, and the whole of them, with the exception of those taken over in connection with the Boundary Extension, have been dealt with in this way. When time permits it is hoped to deal with those in the added area in like manner.

Broadway School and All Souls' Roman Catholic School were opened for the admission of children during the year.

It was not found possible to open the Barkers' Butts School until January 7th, 1929, and in this connection it is interesting to record that, as an experiment, oak veneer asbestos sheets have been fixed as a dado in the three assembly halls.

The old and obsolete pattern radiators at Wheatley Street School have been replaced by new ones. A considerable amount of re-topping and re-paving of playgrounds has been carried out.

It was not found possible during the year to convert the trough closets at Little Heath, Paradise and Radford Schools, but arrangements have been made for this work to be carried out during 1929.

#### **4. Medical Inspection.**

Children are examined periodically at the systematic examinations at schools, and each assistant school medical officer has a clinic on one afternoon a week.

When necessary the parents are advised to obtain a family doctor.

The methods of medical inspection were given in detail in the Annual Report for 1925, so need not be repeated in this report.

In 1928, 7,819 children were systematically examined. Particulars are set out in Table I., page 196.

In addition there were 7,968 special Inspections or Re-Inspections.



## 5. Findings of Medical Inspection.\*

Review of the facts disclosed by medical inspection.

### (a) *Uncleanliness.*

(1) *Head.*—Nits and sometimes (but not often) verminous heads, as in 1927, are still with us, but the proportion is not greater than formerly. This necessitates the most careful examination of all heads. The school nurses are experts at detecting these conditions.

The reasons for uncleanliness are either the sickness of the parents or poverty, or both. Cleanliness requires energy, and when that energy is exhausted nits soon appear.

During the year 10 cases of verminous heads were cleansed at the King Street Clinic, under Section 87 of the Education Act, 1921, and 369 voluntary cases (sore heads, scabies, etc.) were treated at the voluntary request of parents, resulting in 3,627 visits being paid by children.

(2) *Body.*—Again we have to record an increase in the number of children bathed and their clothes sterilised over those of 1927, due mainly to the increased number of cases of scabies (47), as against 33 in 1927.

\* The notes under this heading are mostly taken from the observations of Dr. Horwood.

TABLE SHOWING UNCLEANLINESS OF HEADS.

SCHOOL.	Total cases under observa- tion.	Total number of examina- tions of children.	RESULTS OF EXAMINATIONS.		
			Head Notices.	Exclusion Notices.	Cleansing Notices.
Broad Street.. ..	27	175	40	8	3
Broadway .. ..	..	..	..	..	..
Centaur Road .. ..	57	136	41	2	..
Cheylesmore .. ..	136	413	126	13	9
Earlsdon .. ..	48	143	23	4	..
Edgewick .. ..	33	131	37	5	..
Folly Lane .. ..	46	60	18	2	..
Foxford .. ..	7	7	6	1	..
Frederick Bird .. ..	164	239	62	28	2
Holbrook Lane .. ..	216	888	225	41	13
John Gulson .. ..	37	225	53	7	2
Little Heath.. ..	18	95	21	3	..
Narrow Lane .. ..	50	251	53	10	2
Paradise .. ..	17	68	18	7	..
Radford .. ..	57	112	18	1	1
Red Lane .. ..	100	417	72	15	3
St. Peter's .. ..	47	273	15	21	2
South Street.. ..	189	757	146	38	8
Spon Street .. ..	23	72	3	1	4
Stoke Council .. ..	118	173	54	3	3
Wheatley Street .. ..	203	414	91	16	2
Windmill Lane .. ..	13	15	10	3	..
Wyken Grange .. ..	10	11	8	1	..
Allesley C. of E. .. ..	1	1	1	..	..
All Saints' .. ..	17	68	19	1	1
All Soul's .. ..	14	30	..	3	1
Foleshill C. of E. .. ..	4	6	3	1	..
Longford C. of E. .. ..	4	4	4	..	..
Sacred Heart .. ..	25	43	12	2	1
St. Elizabeth's .. ..	35	102	45	6	3
St. John's .. ..	62	177	30	7	5
St. Mark's .. ..	43	170	30	5	1
St. Mary's .. ..	26	80	11	3	1
St. Michael's .. ..	11	26	8	..	1
St. Osburg's .. ..	70	170	21	10	2
Stoke C. of E. .. ..	9	15	..	7	..
Westwood Heath .. ..	2	4	..	..	..
Wheatley Street Special .. ..	17	37	10	2	2
Totals .. ..	1956	6008	1334	277	72

(b) *Minor Ailments.*

See Table IV., Group I., page 201.

*Ringworm of the Scalp.*—Treatment by X-Rays, after microscopical diagnosis, still holds the field and is the quickest way of ridding the head of this fungus, as epilation can afterwards be readily carried out and the cure commenced by rubbing in Iodine Ointment.

Ringworm attempts, as in some other diseases, to cure itself by the falling out of the hairs of the part of the head affected. Ringworm of the scalp we exclude from school until thoroughly cured as evidenced by both clinical and microscopical examination.

For those parents who steadily refuse X-Ray treatment we rub into the scalp Iodine Ointment.

After puberty ringworm of the scalp is very rare.

The following table shows the work done at the clinic in the treatment of other minor ailments :—

CONDITION.					Number of Cases.	Attendances.
Skin :—						
Ringworm—scalp	..	..	..	..	47	506
Ringworm—body	..	..	..	..	29	487
Scabies	..	..	..	..	47	513
Impetigo	..	..	..	..	293	3104
Other skin diseases	..	..	..	..	22	45
Minor Eye Defects	..	..	..	..	62	734
Minor Ear Defects	..	..	..	..	199	1513
Miscellaneous	..	..	..	..	31	126
Totals					730	7028

(c) *Tonsils and Adenoids and middle ear disease.*

See Table IV., Group III., page 202.

Enlarged tonsils and adenoids, especially before puberty, is a dangerous condition, and seems to result, in some cases, in (1) Rheumatism, (2) Chronic Bronchitis, and (3) A bovine form of Tuberculosis.

It is of course true that the tonsils and the lymphoid tissue generally will recede after puberty, but by that time the damage is done and Rheumatism, Bronchitis and possibly abdominal tuberculosis may remain.

(d) *Tuberculosis.*

See Table III., page 200.

Again we have to report the comparative rarity of tuberculosis of the lungs before puberty. If, however, no matter how



young the child is, the infection is sufficiently 'massed,' then tuberculosis of the lungs may supervene. Any doubtful cases are referred to Dr. Williams, the Tuberculosis Officer, for X-Ray examination and an expert opinion.

Bovine or abdominal tuberculosis is not uncommonly found, in fact, probably most children have suffered from a mild attack some time in their lives.

Bone, joint, glandular and abdominal tuberculosis in children benefit, and indeed are often cured by either ultra-violet rays or open-air schools. Cod liver oil in its pure form should also be administered.

(e) *Skin Diseases.*

See Minor Ailments, Table IV., Group 1., page 201.

Certain skin diseases are caused by the following :—  
(I.) Animal parasites : (a) Pediculosis capitis, (b) sarcoptes scabiei (itch), and (c) flea bites.

*Scabies.*—This is still prevalent and is sometimes found with pus coccal infection. This disease is due to prolonged contact—especially sleeping in infected beds—with the *Sarcoptes Scabiei*; There are two methods of treatment : (1) by giving baths and then rubbing in sulphur ointment and the disinfection of clothes ; (2) by placing the child in an antiseptic bath (scabies never appears above the clavicles), and scrubbing the child with soft soap all over with a nail brush, using a tooth brush for the fingers and toes. After this, calcium sulphurata (B.P.) is painted on from the clavicles downwards.

*Flea-bites.*—These must not be ignored.

(II.) *Diseases due to the higher fungi.*—Ringworm of the scalp and body. These are reported on under (b) Minor Ailments on page 11.

(III.) *Diseases due to Bacteria.*—We have had a number of cases of impetigo contagiosa. These are fomented and treated with white precipitate ointment.

(f) *External Eye Disease.*

Ordinary styas and blepharitis are treated at the school clinic. Should the case not yield readily to treatment within a few days it is referred to the School Oculist.

A very severe condition of the eyes can be produced in children by depriving them of sunshine and vitamins. It is our

custom to advise the parent to give oranges, cod liver oil and whole meal bread, and the parents generally do so, to the betterment not only of the eyes but of the whole body.

(g) *Vision.*

The number of cases of defective vision found at the systematic examination represents 8.2 per cent. of the children so examined.

The prejudice against wearing glasses amongst both parents and children is dying. Every child at the systematic examination is tested for vision; the result is startling in two ways: (1) the number with defective eyesight, and (2) the rapidity (unless the child and his parents have followed out the instructions of the eye specialist) with which faulty eyesight in children can go from bad to worse.

The following table gives an analysis of the cases seen by Dr. Harrison Butler:—

			ELEMENTARY SCHOOLS		SECONDARY SCHOOL CHILDREN.
			City Cases.	County Children attending City Schools	
Submitted to Refraction	...	1013		45	44
Glasses prescribed	...	840		34	37
Attendances made	...	1894		85	59
		No.	*Per Cent.	No. *Per Cent.	No. *Per Cent.
Myopia	...	143	17.0	5 14.7	20 54.1
Myopic Astigmatism		107	12.7	9 26.5	9 24.3
Hypermetropia	...	182	21.7	6 17.7	2 5.4
Hypermetropic Astigmatism		327	38.9	9 26.5	4 10.8
Mixed Astigmatism		81	9.6	5 14.7	2 5.4

\* Of cases examined.

In addition, 109 cases were referred by the Warwickshire County Council, and were submitted to refraction at the King Street Clinic. The number of attendances made in connection with these was 161.

(h) *Ear Disease and Hearing.*

Hearing, except with the congenitally deaf or with specific disease, is closely associated with the tonsils and adenoids and both the posterior and anterior cavities of the nose.

Treatment for wax in the ears is carried out at the Clinic, a special morning being devoted to this. Most authorities agree that the removal of enlarged tonsils and adenoids is desirable in the case of discharging ears, and that children should be taught to blow their noses. Quite a number of people have, however, a discharging ear all their lives, the onset of which is often due to one of the infectious diseases.

(i) *Dental Defects.*

The Senior School Dentist, Mr. M. Raeside, reports on the work of the Dental Clinic for the year as follows :—

“In considering the work carried out at the Dental Clinic, due allowance must be made for the time when I was working alone for a period of about five months. This was owing to Mr. Shevlin’s illness, in the first place from March 5th to April 14th, and then again from August 31st (when Mr. Shevlin resigned) until December 4th, 1928, when Mr. Boyle was appointed and commenced duties.

In spite of these interruptions the results of the year’s working may be considered satisfactory, although the results will in no way compare with those of a normal year.

During the year, 3,403 cases were treated and completed; of this number 2,524 were children of the systematic age groups 6, 7, 8 and 9, the remaining 879 belonging to ‘other ages’ or ‘specials.’

The visits made by children to the clinic numbered 5,275. The number of ‘specials’ treated (879) still remains high and shows an increase over those of 1927. These specials interfere to some extent with the routine work, and were it practicable to eliminate these cases altogether it would then be possible to undertake an additional age group for treatment.

At present much of the benefit of the treatment received is lost through inability, with the present staff, to inspect and treat the age groups over nine years.

Mention must be made of the fact that a good number of parents who had until April 1st, 1928, been resident outside the City boundary have subsequently applied for treatment for their children. It was found that in the majority of these cases a large amount of conservative work had to be done, as very few of these children had previously received treatment of any kind.



In addition, children proceeding to the Corley Open-Air School receive treatment before admission. Also treatment was given to 52 children in attendance at Secondary Schools, and 37 children under five years of age referred from the Infant Welfare Centre.

It should be noted in the following table that the children shown as treated in the Schools marked with an asterisk were not referred for treatment as a result of the routine dental inspection, as it has not been found possible to carry out these during the year.

Of the children with dental defects requiring treatment there is a gradually increasing response by the parents in applying for this to be done. In 1926, 1927 and 1928 the percentage of these were 55.1, 59.1 and 61 per cent. respectively."

The schools visited and the results of examinations are as follows :—

School.	Total Children Examined	Referred for Treatment.	Actually Treated.	Re- Treated.
Broadway ... ..	89	65	24	28
*Broad Street ... ..	—	—	25	26
Centaur Road ... ..	184	176	50	44
Cheylesmore ... ..	382	297	129	72
Earlsdon ... ..	291	198	105	45
Edgewick ... ..	286	204	131	68
Folly Lane ... ..	339	245	141	70
Frederick Bird ... ..	527	374	125	49
Holbrook Lane ... ..	264	205	147	53
*John Gulson ... ..	—	—	135	106
Little Heath ... ..	159	108	15	3
Narrow Lane ... ..	14	7	131	66
Paradise ... ..	133	100	25	4
Radford ... ..	538	363	273	117
Red Lane ... ..	331	248	102	49
St. Peter's ... ..	169	134	56	14
*South Street ... ..	—	—	46	20
Spon Street ... ..	442	340	163	77
Stoke Council ... ..	595	431	271	146
*Wheatley Street ... ..	—	—	53	32
All Saints ... ..	151	109	67	36
*All Soul's ... ..	—	—	5	2
Sacred Heart ... ..	79	56	31	11
St. Elizabeth's ... ..	114	79	38	11
*St. John's ... ..	—	—	27	12
St. Mark's ... ..	126	110	45	24
St. Mary's ... ..	116	85	30	17
St. Michael's ... ..	204	153	59	24
*St. Osburg's ... ..	—	—	31	6
Stoke C. of E. ... ..	69	52	34	19
Totals ... ..	5602	4139	2524	1251

\* No dental inspection during 1928.

Of the children examined for dental defects during the year 73.9 per cent. were found to require treatment, and of these 61 per cent. were actually treated.

(j) *Crippling Defects.*

The following table gives an analysis of the crippling conditions :—

Infantile Paralysis :—					Boys.	Girls.	Totals.
Leg	...	...	...	...	38	26	64
Arm	...	..	...	...	12	3	15
Arm and Leg	...	...	...	...	3	6	9
Tuberculosis :—							
Hip	...	...	...	...	2	4	6
Spine	...	...	...	...	—	—	—
Shoulder	...	...	...	...	—	1	1
Ankle	...	...	...	...	1	—	1
Talipes (deformed feet)	...	...	...	...	16	9	25
Congenital Dislocation of Hip	...	...	...	...	3	12	15
Cerebral Palsy	...	...	...	...	14	9	23
Pseudo-hypertrophic Muscular Paralysis	...	...	...	...	—	1	1
Erb's Paralysis (shoulder muscle)	...	...	...	...	3	2	5
Congenital Deformity	...	...	...	...	4	8	12
Post-diphtheritic Paralysis	...	...	...	...	1	—	1
Scoliosis (curved spine)	...	...	...	...	13	18	31
Knock Knee	...	...	...	...	11	13	24
Flat Feet	...	...	...	...	30	60	90
Wry Neck	...	...	...	...	4	12	16
Accident	...	...	...	...	9	9	18
Totals					164	193	357

This table shows a general increase in numbers and is partly accounted for by the additional cases taken over in conjunction with the Boundary Extension.

Hitherto infantile paralysis has been the largest single factor found among the crippling conditions. There has been, however, for the past few years a gradual increase in the number of cases of curvature of the spine and a very marked increase in flat feet. Of the latter there were 18 cases in 1926, 30 in 1927, and 90 in 1928.

### Nutrition.

The following table shows the percentage and degree of nutrition found during the course of medical inspection.

Age Group		Number of Children Examined	Nutrition Very Good	Per Cent.	Nutrition Good	Per Cent.	Nutrition Bad.	Per Cent.	Nutrition Very Bad	Per Cent.
Entrants.	Boys	1156	151	13.0	831	71.9	174	15.1	..	..
	Girls	1156	307	26.6	687	59.4	62	5.4	..	..
Intermediate.	Boys	1149	114	9.9	837	72.8	198	17.2	..	..
	Girls	1157	328	28.4	726	62.8	103	8.9	..	..
Leavers.	Boys	1245	282	22.7	872	70.0	91	7.3	..	..
	Girls	1323	445	33.6	799	60.4	79	6.0	..	..

### Personal History—Previous Illnesses.

The following table shows the percentage of children, in the three age groups inspected, who have suffered from infectious diseases either before attending school or after admission.

It will be noticed that the girls shew generally a higher percentage of illness than the boys.

#### PREVIOUS ILLNESSES.

Age Group		Number Examined	Measles	Per Cent	Whooping Cough	Per Cent	Chicken Pox	Per Cent	Scarlet Fever	Per Cent	Diphtheria	Per Cent	Mumps	Per Cent
Entrants.	Boys	1156	617	53.4	373	32.3	293	25.4	43	3.7	17	1.5	134	11.6
	Girls	1156	659	57.0	406	35.1	288	24.9	42	3.6	21	1.8	105	8.9
Intermediate.	Boys	1149	1003	87.3	561	48.8	491	42.7	82	7.1	28	2.4	287	24.9
	Girls	1157	1007	87.0	655	56.6	537	46.4	81	7.0	28	2.4	291	25.1
Leavers	Boys	1245	1109	89.0	606	48.7	491	39.4	88	7.1	45	3.6	361	29.0
	Girls	1323	1189	89.9	732	55.3	559	42.3	144	10.9	56	4.2	423	32.0

For the summary of the defects found by medical inspection see Table II. A, page 197.



## 6. Infectious Disease.

All cases of infectious disease coming to the notice of the Head Teachers are required, under Section 39 of the Corporation Act, 1900, to be notified by them to the Medical Officer of Health.

Below will be found a table showing the periods of exclusion which are in force in this City for the respective diseases.

With regard to Diphtheria, all cases and contacts are swabbed by the school nurses, and are not allowed to return to school until two successive negatives in the former case and one in the latter have been obtained. In this connection 591 swabs were taken during the year.

It has not been necessary during 1928 to close any school on account of infectious disease.

### INFECTIOUS DISEASES.

**Periods of Quarantine for those exposed to Infection and lengths of Isolation of those attacked.**

Infectious disease.	Quarantine to be required after last exposure to infection.	Earliest date of return to school after an attack.
Small Pox .. ..	18 days	When all scabs have fallen off.
Chicken Pox .. ..	18 days	
Scarlet Fever .. ..	14 days	Variable, generally 6 or 7 weeks, sometimes longer.
Diphtheria .. ..	12 days	Very variable; may attend school when certified by Medical Officer of Health.
Measles .. ..	16 days	Three weeks.
Whooping Cough .. ..	21 days	When the cough has disappeared.
German Measles .. ..	16 days	About three weeks.
Mumps .. ..	24 days	Four weeks if all the swelling has subsided.
Typhoid Fever .. ..	28 days	Only on medical advice.

NOTE.—In the case of Small Pox, Chicken Pox, Scarlet Fever, Diphtheria, and Typhoid Fever, all children from an infected home are excluded from school.

In the case of Measles, German Measles, and Whooping Cough, children from infected homes are allowed to go to school if they attend Senior Departments and have themselves had the disease.

In the case of Mumps only the affected children are excluded.

The following, since they are combined with Infants' Departments, should follow the rule for the latter:—

Little Heath.	Longford C.E.	Stoke C.E.
St. Peter's.	Sacred Heart R.C.	Westwood Heath C.E.
Allesley C.E.	St. Elizabeth's R.C.	Wheatley St. Special.
All Souls' R.C.	St. Mary's R.C.	

The above table is re-inserted here for convenience of reference by Head Teachers.

On page 77 is a table setting out the number of notifications of alleged infectious disease among school children, or in houses in which school children live, received from schools by the Medical Officer of Health during the year.

### Vaccination.

During the systematic examination of the elementary school children a note was made concerning their previous vaccination. The results obtained are shown below.

BOYS						GIRLS		
Age Groups			Number Examined	Number Vaccinated	Percentage Vaccinated	Number Examined	Number Vaccinated	Percentage Vaccinated
Entrants	..	..	1156	287	24·8	1156	289	25 0
Intermediate Age	..	..	1149	327	28·5	1157	316	27·3
Leavers	..	..	1245	471	37·8	1323	520	39·3
Totals	..	..	3550	1085	30·6	3636	1125	30·9

### 7. Following up.

A card is made out for every child in whom is found any defect which is likely to be benefited by treatment. At the first available opportunity the nurses take these cards school by school and find out what has been done. Where the condition has been treated the card is marked and returned to its box; where nothing has been done, the parent is visited to find out the reason, and an attempt made to overcome prejudice, apathy, or whatever is the obstruction. Frequently recalcitrant parents are persuaded to pay a further visit to the Assistant School Medical Officer to be assured of the benefit likely to follow the treatment advised.

In connection with this work the following table shows the number of home visits paid by the school nurses :—

Condition.						Visits Paid.
Eyes	..	..	..	..	.	202
Tonsils and Adenoids	..	..	..	..	..	417
Teeth	..	..	..	..	..	179
Ringworm	..	..	..	..	..	105
Uncleanliness	..	..	..	..	..	6
Diphtheria	..	..	..	..	..	448
Discharging Ears	..	..	..	..	..	17
Cripples	..	..	..	..	..	5
Miscellaneous	..	..	..	..	..	146
TOTAL					..	1525

In addition to these home visits they have paid 1,064 visits to schools. When, on such visits, insanitary conditions are noted, these are referred to the Health Department.

## 8. Medical Treatment.

The points arising under this heading have been already dealt with under heading 5.

## 9. Open-Air Education.

The Education Committee provide two open-air schools. One is of the nature of a playground class, and is held on part of the roof of the Centaur Road School. The other is a residential school at Corley, situated on high ground about five miles from the City. This school accommodates 90 children.

### *Corley Open-Air School.*

Dr. Horwood remarks as follows :—

“ It is difficult to speak too highly of an open-air school in the country for the delicate child, where, without the constant noise of traffic and with long hours of rest, the child, mentally and physically, takes to his natural home.

The rest, the country, the cleanliness, the vitamins, *e.g.*, cod liver oil, oranges, fruit and brown bread, in the majority of cases surpass expectations in their results.

During the past year there have been outbreaks of Scarlet Fever and Mumps, but these have been, for the most part, mild in type.

In any boarding school a child who has not had some or most of the following, scarlet fever, mumps, chicken-pox and the two varieties of measles, must be looked upon somewhat like an explosive bomb.

Dr. Creighton Miller has shown us that the child completes a cycle to attain adult age, *e.g.*, 0-8 years with his mother, 8-15 with his school fellows, etc. The make-up of a child under 8 years of age renders him, generally, unsuitable for a boarding school, but directly he can begin to fend for himself (8-16), then an open-air boarding school is wholly advisable.”

The following report is furnished by Miss Townsend, the Head Teacher :—

“ During the visits of the Medical Officer to the various schools in any large town there will be found many children who, through impaired health and physical disability, cannot benefit by the instruction given under those conditions. It was to accommodate these weakly, under-nourished, debilitated children, that Open-Air Schools were instituted. The Corley Open-Air Residential School accommodates 90 such children from the City of Coventry. It is situated in one of the most beautiful parts of Warwickshire, and is 600ft. above sea-level. The building faces South, and has a dormitory for 45 boys at one end and for 45 girls at the opposite end.

During the winter months we keep 60 children only. Our greatest drawback is lack of a large room for play in bad weather, and I hope this will be remedied in the near future.



The majority of the children stay from 6 to 12 months, but the improvement in their health and outlook on life is noticed at the end of a few weeks.

The school curriculum is similar to that in the ordinary Elementary School, but our afternoons are mostly given to Handwork, Nature Study and walks. Our children are encouraged to take a keen interest in their surroundings, and Nature Study forms an important part in their day's work.

As in previous years, we again entered for the Coventry Natural History Society's competition, and two girls gained prizes for the collection of pressed wild flowers. We also entered work for competition at the Local Show. This work was much admired, and 8 children gained prizes.

At the commencement of the year there were 88 children on the registers, 44 boys and 44 girls. There have been admitted 85 boys and 78 girls, a total of 163, and 101 boys and 92 girls were discharged.

The number of children on the registers on December 31st, 1928, was 58, boys 30, and girls 28.

The following table shows the period of attendance of those children discharged during the year:—

Weeks.	Boys.	Girls.	Total.	Weeks.	Boys.	Girls.	Total.
0-4 ..	8	13	21	45-48 ..	4	7	11
5-8 ..	12	7	19	49-52 ..	6	1	7
9-12 ..	15	6	21	53-56 ..	2	2	4
13-16 ..	5	7	12	57-60 ..	7	5	12
17-20 ..	7	7	14	61-64 ..	1	2	3
21-24 ..	9	4	13	65-68 ..	2	—	2
25-28 ..	5	9	14	69-72 ..	1	—	1
29-32 ..	4	4	8				
33-36 ..	7	8	15		101	92	193
37-40 ..	5	6	11				
41-44 ..	1	4	5				

The illnesses from which the children who were admitted during the year were suffering are set out below:—

Illness.	Boys.	Girls.	Total.
Bronchitis .. .. .	31	15	46
„ and Pleurisy .. ..	—	3	3
„ and Malnutrition ..	—	1	1
„ and Asthma .. ..	1	1	2
„ Pleurisy and Chorea ..	1	—	1
Rheumatism .. .. .	8	11	19
„ and Chorea .. ..	2	—	2
„ and Malnutrition ..	—	1	1
Chorea .. .. .	4	7	11
Malnutrition .. .. .	38	38	76
Cripple .. .. .	—	1	1
	85	78	163

The older boys do woodwork, basket-making and gardening. The elder girls leather-work, raffia-work, fancy needlework, mending and housewifery.

The daily routine was reported in the Annual Report of 1927.

At Christmas the children had a very enjoyable time, through the generosity of the members of the Education Committee, Rotary Club and other friends.

Of course our dietary is important. Food must be varied and appetizing—so many of the children arrive with a history of poor appetites. In addition to good plain meals we provide watercress or lettuce when in season, and oranges and cod liver oil daily. Each child receives a glass of milk in the middle of the morning, and again before going to bed. Life under such conditions as these is ideal for the training of children—not only is their health improved but their interest and power of observation is aroused in a manner impossible in crowded streets. Many parents who have had a child here are most anxious for another to receive the same benefit, and if it is necessary for any of our discharged children to return they do so most eagerly.”

#### *Centaur Road Roof School.*

Dr. Moir writes as follows :—

“Weather conditions being more favourable during 1928 than during 1927, the improvement in health shown by the children attending this school was greater. One child, however, had to be discharged because she developed acute rheumatism while in attendance, a condition which one cannot help associating with the inherent defects necessarily met with in a roof school. Because of these conditions, in selecting children all those giving a history of a rheumatic tendency are rigorously excluded. It is, unfortunately, impossible to detect this tendency where, though present, it has not yet shown itself.

During the year, 21 girls and 9 boys were in regular attendance. Of the 21 girls, 13 attended for the first time, 5 for the second, and 3 for the third time. Eight girls and seven boys attended for varying parts of the year.

The following are the averages for 1928 :—

	<i>Girls.</i>	<i>Boys.</i>
Average age ...	10.09 years	10.0 years.
Increase in weight ...	6.56 lbs.	6.6 lbs.
Increase in height ...	2.07 inches	2.17 inches.

These figures are better than for 1927, and even surpass those for 1926, the former ‘record’ year.

Greater improvements still could be attained did mothers realise the necessity for the establishment of regular habits in their children.

At the monthly inspection in August, 27 children were asked whether they had been out of Coventry or not for a summer holiday. Of those questioned, 17 had not and 10 had had a holiday ranging from a half-day (at Leamington) to three weeks.

Only three of the number who were not out of Coventry lost weight during the period. With regard to those who had had a change of air, improvement was evidenced by gain in weight.”

## **10. Physical Training.**

Miss E. K. Brown, the Organiser of Physical Training, reports concerning her work as follows :—

**General.**—Physical Training forms an integral part of the curriculum and the time-table of all the elementary schools of Coventry.

The subject, adapted to meet the needs of infants, includes the practice of corrective physical exercises, recreative games and dances, and the inculcation of regular and hygienic physical habits. In the junior departments progression is made in each of those branches. The syllabus for the senior pupils includes more difficult work based on the scheme for juniors, with instruction in swimming and a knowledge of the principles of hygiene.

The effects of the regular practice of the carefully planned and graded scheme of work should be apparent at the top of the school, and the older girls should have good carriage, control and alertness, as well as advanced skill in handling apparatus.

The failure of some schools to secure these results is partly due to irregularity of the physical training lessons. The out-of-doors lesson is missed more frequently than need be, and the class-room lesson, which is always possible, is not always substituted. The tendency to miss the physical training lesson is too often present where there is a desire to do well in the other branches of the curriculum, and the balance of the child's education is lost. Experience has shown that such lack of balance is not educational and to the child's advantage. In many cases, also, the physical training lesson is not sufficiently well prepared and planned, resulting in waste of time, and dull, incomplete and unbusinesslike lessons.

With the extension of the City boundary, seven additional elementary schools and one additional junior technical evening school came under my supervision as regards physical training; also four playing fields and one public recreation ground.

During the year two new schools, Broadway and All Souls', were opened.

**Central Advanced Classes.**—Physical training in the central advanced classes at Frederick Bird School has been organised so that one teacher is responsible for the subject in all the classes, and this arrangement has amply justified itself.

The continuity of the work from year to year has resulted in a higher standard of performance, and an improvement in the bearing and posture of the girls. The opportunity of giving specialised individual attention over a long period has been beneficial. It has been necessary under this arrangement to increase the length of the lesson to 30 minutes, but where the lesson must be taken out-of-doors the longer period is not an advantage. Exhaustion results in some cases, due to the necessity of keeping the class actively at work especially on cold days.

With specialisation and an increased length of lesson, it is necessary to have a covered space available where beneficial exercises of a less active nature may be practised.

During the year a shield was presented by the Tomson Trust Trustees for all-round proficiency in physical training amongst the senior and central advanced classes at Frederick Bird School. The first competition was held in June, and the shield was won by the third year central advanced class.

**Organised Games.**—In the elementary schools, children over seven years of age devote one period each week to organised games.



As a rule the playgrounds offer sufficient scope for children aged 7—10 years, but over this age a larger and less confined space is necessary for the playing of advanced team games such as football, cricket, stool ball, rounders, scrimmage ball, hand ball, etc.

For the purpose of providing suitable playing space for the older children, the Education Committee makes use of eleven public parks and recreation grounds, and also rents five playing fields.

The Baths and Parks Committee has given permission for the older scholars to use the recreation grounds for organised games, during school hours and under supervision, and arrangements have been made for 24 schools to avail themselves of these facilities.

At Spencer Park and Gosford Green storage of apparatus is possible, and the Education Committee is gradually supplying a wide range of games' materials, which are used by all schools visiting the grounds. The lighter apparatus (balls, ropes, bean bags, etc.) is supplied by the individual schools, and some teachers are most successful in gathering together a sufficient amount to keep the whole class busily occupied in "worth while" games.

Four playing fields are rented partly by the Committee and partly by individual schools which use them.

The playing field in Swan Lane is rented by the Education Committee, and is well used by Frederick Bird, Red Lane and Stoke Council Schools. A storage shed has been erected, and a certain amount of games' apparatus, with marker, grass cutter and roller have been supplied. This field has been a great asset to the adjoining school in developing the school games and activities and in keeping together a large old scholars' association.

The insecurity of tenure of the playing fields is a disadvantage which is liable to restrict expenditure on improvements, and it is hoped that the Committee will acquire certain of these fields, and especially those which cater for the reorganised senior schools.

A graded scheme of games suitable for children aged 5—14 years is now in use in all infants', junior and girls' departments. Regular practice from class to class of these games should produce, at the top of the school, a majority of the children well trained and sufficiently expert to take part in school teams for Net Ball, Stool Ball, Football or Cricket. The minority, consisting of pupils who are handicapped in some way, and therefore unable to take part in difficult games, should acquit themselves well in simpler games, such as rounders, captain ball and skittle ball.

In most schools greater prominence should be given to the training of every child in the theory of the games attempted. During inclement weather the games' lesson is too often missed altogether, instead of being devoted to class-room explanation and illustration of positions, rules and tactics. Such lessons give every child the opportunity of understanding the game, without which good play is impossible.

**Swimming.**—The organisation of the instruction in Swimming followed the same general lines as in previous years. Tuition at the Baths was given by the teachers in accordance with the Amateur Swimming Association methods, the land drill having previously been taught in the schools by team leaders and supervised by the teachers.

The classes were made up to 35 boys or 30 girls, and as far as possible the same children attended throughout the season.

Each week 26 boys' classes and 24 girls' classes visited the Baths, and the total number of lessons given during the season was 510 for the boys and 467 for the girls.

The number of attendances made during the season was 26,897 (boys 14,734 and girls 12,163). Proficiency Certificates were again awarded by the Baths and Parks Committee to children passing certain tests.

1st Class.—Boys swim 90 yards in 100 seconds.

Girls swim 60 yards in 75 seconds.

2nd Class.—Boys swim 90 yards breast and 30 yards back stroke.

Girls swim 60 yards breast and 30 yards back stroke.

3rd Class.—Boys and girls swim 30 yards in approved breast stroke.

The number of successful competitors was 618, as follows:—

1st Class	...	...	Boys	11	...	Girls	37
2nd Class	...	...	Boys	94	...	Girls	103
3rd Class	...	...	Boys	200	...	Girls	173

Schools in the added area, with the exception of Wyken Grange, did not take the instruction, owing to the distance from the Central Baths and to the congestion of the classes already arranged at the Central Baths.

During the winter months children were admitted to the Baths at the reduced rate of 1d. per head per admission, the boys on Thursdays at 5 p.m., and the girls on Fridays at 6-15 p.m. The teachers volunteered to give instruction, and one or two were on duty each week.

Four lecture-demonstrations were given by Professor Howcroft, the Olympic Swimming Coach, and, through the courtesy of the Education Committee, one teacher and a few children from each school, were allowed to attend.

**Junior Technical Evening Schools.**—These schools were held at five centres, Centaur Road School, Frederick Bird School, John Gulson School, Wheatley Street School, and Windmill Road School, the last-named having been added as a result of the City boundary extensions.

The work included corrective exercises, stimulating games and activities, dancing, skipping and boxing. Efforts were made to introduce a brisk and businesslike atmosphere into the classes, and that a step in this direction has been achieved was shown by the large proportion of pupils who attended suitably clothed in light and loose uniform and wore shoes with non-slipping soles. Further efforts are, however, required to bring home to the students through personal experience, that stimulation, invigoration and satisfaction are derived from a well-chosen and well-conducted physical training lesson.

Although gymnastic apparatus is gradually being provided, some centres are still short of equipment, such as vaulting horse, spring board, jumping mat and gymnastic forms, the use of which gives variety to the lesson.



**Technical College Physical Training Classes.**—One class for women was held at John Gulson School during the winter, and much benefit to the members has resulted from the regular practice of the physical exercises and games.

**Further Instruction for Teachers.**—During the year three courses for Teachers were held, with a total of 19 hours' instruction. The classes were held in the evenings and the work based on the Committee's scheme of Organised Games for children aged 11—14 years. The attendance was very good, and one class was duplicated, owing to the influx of teachers from the "added area."

The Teachers' Physical Training Club, started two years ago, continues to meet weekly at Stoke Park Secondary School.

The Teachers' Swimming Club had a successful season, meeting weekly at the Baths and being taught voluntarily by a qualified instructress.

Two Teachers attended a holiday course in physical training at Ilkley and Scarborough respectively.

**Coventry Elementary Schools Athletic Association.**—The activities of the above association have maintained their usual degree of success and high standard of attainment.

During the year the various championship shields were contested at public inter-school meetings arranged and carried through by the association. The following results have been recorded:—

Girls' C.C. Johnson Relay Racing Shield—won by Earlsdon School.

Championship Shields for Field Events—won by Frederick Bird, John Gulson and Foxford Schools.

Rugby Football Shield—won by Centaur Road School.

Association Football Shield—won by Wheatley Street School.

Net Ball Shield—won by South Street School.

Boys' Swimming Shield—won by Stoke Council School.

Cricket Shield—won by Stoke Council School.

Brandish Cup—won by Edgewick School.

Boys' Tomson Trust Relay Shield—won by Frederick Bird School.

Girls' Swimming Shield—won by Wheatley Street School.

Tug-of-War Shield—won by Frederick Bird School.

The game of Stool Ball has been adopted as the schools' summer game for girls, and last summer inter-school league matches were played. The games were usually played on the public recreation grounds, and All Saints' School headed the league with a total of 423 runs in six matches.

The members of the Coventry Elementary Schools Athletic Association arranged and managed a camping holiday during the Whitsuntide holiday at Dymchurch, Kent. This proved a most successful and enjoyable venture, and the 332 children who participated will have happy memories of their first experience of camp life.

**Play Centres.**—The three centres, at Broad Street, South Street and Spon Street Schools, were opened twice each week under the auspices of the Education Committee. The centres offered various



forms of handwork and activities and were popular meeting places for children during the winter evenings.

**Girl Guides.**—There are 45 companies in the Coventry District, with a membership of 1,393 girls. Six of the companies are attached to Elementary Schools and are officered by teachers.

## 11. Provision of Meals.

A few cases of underfeeding, where neither parents nor teachers have applied for school meals, have been met with and reported.

The School Medical Officers have inspected the premises and arrangements during meal times.

The Wheatley Street Special School was again used as a Centre and meals were provided there throughout the year.

The total number of meals supplied was 2,070; of these, 652 were for children attending elementary schools, and 1,420 for those in attendance at the Wheatley Street Special School. The number of elementary school children receiving meals at any one time varied from 7 to 2.

*Centaur Road Open-Air School.*—During the year, 5,110 meals were supplied; of these, 4,639 were given on payment of 2/- per week, and 471 were supplied free of cost to necessitous cases attending this school.

## 12. School Baths.

The special school for mental defectives is the only elementary school in Coventry provided with a bath. It may be hoped that in time shower baths for children in the elementary schools may be available.

## 13. Co-operation of Parents.

In regard to the medical inspections, most of the parents of the younger children accept the invitations to attend. Their attendance facilitates the obtaining of valuable information with regard to family history, etc.

From 10-13 years of age, many children are not quite sure whether they themselves are not too grown-up for their parents to attend with them; nevertheless, many parents do attend and all are invited.

**Parents' Percentage Attendance.**

	Number Examined	Attendances by Parents	Percentage Attendances
<b>Entrants :</b>			
Boys .. ..	1156	989	85·6
Girls .. ..	1156	1022	88·4
Totals ..	2312	2011	87·0
<b>Intermediate Age :</b>			
Boys .. ..	1149	792	68·9
Girls .. ..	1157	841	72·7
Totals ..	2306	1633	70·8
<b>Leavers :</b>			
Boys .. ..	1245	518	41·6
Girls .. ..	1323	718	54·3
Totals ..	2568	1236	47·9

**14. Co-operation of Teachers.**

From the teachers we always receive unfailing courtesy and co-operation. It is always found that they are willing to facilitate the work of medical inspection as much as they can. Frequently the systematic inspection entails much inconvenience to them owing to the lack of special accommodation.

Most of the following-up is done by the School Nurses, but a list of defects found is always sent to the Head Teachers, who are asked to inspect the children thereon periodically, and thus save the Nurses a certain amount of time.

The teachers render valuable assistance with the parents. Probably we all agree, teachers, doctors and parents, that the modern child goes to bed too late.

**15. Co-operation of School Attendance Officers.**

The co-operation of School Attendance Officers accounts for many cases sent to the Clinic who have been absent from school. They also frequently discover and report alleged mental deficiencies, and are very helpful with delinquents. (Most old criminals have played the truant before they began to steal). Also they afford assistance with the blind and deaf, especially in regard to institutional treatment. They also are in close touch with us for the examination of children in Juvenile Employment, and the employment of children in theatres and cinemas.

## 16. Co-operation of Voluntary Bodies.

Again we have to record our thanks to the City Aid Society, as they have been very helpful to us, in spite of the fact that we now have our own Open-Air Boarding School for delicate children.

During the year, 22 children have been referred to them for Convalescent Home treatment at the seaside for varying periods.

The help of the National Society for the Prevention of Cruelty to Children is occasionally asked and obtained.

A number of crippled children have been referred to the "Dunsmoor" Orthopædic Clinic, and to the Coventry and Warwickshire Hospital.

## 17. Blind, Deaf, Defective and Epileptic Children.

See Table III., page 199.

A child born blind or deaf, especially the former, not infrequently has a real mental defect too, in other words, is an 'unfinished' child. Only a few institutions take a combined defect. The difficulty of judging these cases can be realised if one thinks what would happen to the unfortunate individual who was born without his or her five senses, for it must be remembered that we see, hear, feel, smell and taste with the brain.

The epileptic is a very difficult subject, especially in the case of (1) minor epilepsy, (2) nocturnal epilepsy, and (3) epileptic equivalents. In the first, not infrequently, we have only the history to judge by. Nocturnal epilepsy may be missed for many years. Major epilepsy is, of course, easily diagnosed.

*Mental Defectives.*—Dr. Horwood reports as follows:—

"Our special school is now too small. The 'atmosphere' there is excellent, kindness being the key note. There are three main channels through which we get into touch with defectives: (1) The Head Teachers, (2) Systematic examinations, and (3) The School Attendance Officers.

Each alleged mental defective is tested out by Terman's Modification of the Simon Binet tests. Performance tests, ranging from 2 to 16 years of age, are tried first. These tests are often a useful guide; moreover, once the child has obtained a test he can do, 'rapport' is established. The Portens Maze test is also used.



We consider that the range for the Special School is an Intelligence Quotient of from 50 to 75.

It is sometimes difficult at first to distinguish between some cretins and some mongols, but the history, together with the 'Cephalic index,' clears up the difficulty. The distinction is important, as the cretin, under sufficient doses of Thyroid, will always improve physically and sometimes mentally, but the mongol, however, will not. Mongols should be stimulated, especially in the winter, by Endocrine tablets.

Stigmata in themselves are only suggestive.

Mental deficientes may be roughly classified into (1) those who are unfinished or have had an unfortunate pre-natal life, and (2) those who are attacked after birth by disease or accident.

Under the first heading we have:—(a) Simple mental defectives, (b) Mongolians, (c) Microcephalics, (d) Hydrocephalics, (e) Generalised or patchy sclerosis of the brain, (f) Birth palsy (difficult labour), (g) Vascular toxic (often with congenital heart), (h) syphilitic, and (i) congenital general paralysis of the insane.

Under the second heading are:—

(a) Injury to the head, *e.g.*, accident, (b) Encephalitis lethargica, and (c) Amentia following acute specific fever.

At one end of the inclined plane you get genius and at the other end idiocy; both sometimes occur in the same family. Amentia leads at once to the universal juvenile problem of vocational guidance. This latter branch of psychology we shall in the end have to tackle for economy's sake. To understand the normal you must understand the abnormal.

Some people erroneously think that all that is necessary to diagnose mental defectives is the power to memorize a number of Simon Binet questions and to give marks. This is very far from the truth. The certifying person should be a psychologist (nothing can ever make up for this deficiency), and to be a psychologist to-day means a preliminary study for years of medicine, surgery, embryology, anatomy, and a sane knowledge of eugenics, realising the extreme importance of heredity and environment, and by environment we mean the surroundings of the child in the pre-natal state from the first hour (Tredgold)."

The Special School has accommodation for 70 children. During the year, 31 children were admitted, 15 boys and 16 girls, and 14 children left, 5 being boys and 9 girls.

Twenty children were “notified” during the year to the Mental Deficiency Committee.

**Wheatley Street Special School.**

	Boys.	Girls.	Total.
(1) Number of Children who have left the School since 1910 .. .. .	131	119	250
(2) Number who :—			
(a) Have since died .. .. .	5	7	12
(b) Are known to be incapable by reason of mental defect of undertaking employment	10	20	30
(c) Are in attendance at an Institution for further education :—			
(1) Deaf and Dumb School .. .. .	4	1	5
(2) Blind School .. .. .	..	..	..
(3) Private School .. .. .	1	3	4
(d) Are in any other Institution :—			
(1) Asylum .. .. .	3	3	6
(2) Workhouse .. .. .	4	6	10
(3) Epileptic Colony .. .. .	..	..	..
(4) Homes for Mental Defectives ..	15	8	23
(5) Other Institutions .. .. .	2	..	2
(3) Number who are employed in :—			
(a) Industrial or manual work .. .. .	37	9	46
(b) Agricultural or rural work .. .. .	2	1	3
(c) Domestic work .. .. .	..	25	25
(d) Commercial, professional .. .. .	..	..	..
(e) Casual work .. .. .	20	10	30
(4) Number untraced or left the City .. .. .	14	11	25
(5) Returned to Elementary Schools .. .. .	9	9	18
(6) Unemployed .. .. .	3	2	5
(7) Excluded, unable to profit .. .. .	2	4	6

Miss Tuft, the Head Mistress of the Special School, reports as follows on the year's work :—

“The number of children on the school registers during 1928 reached the high figure of 93 (53 boys and 40 girls), and as accommodation is provided for only 70 scholars the work has been carried on under some disadvantage.

It has been recognised for some time, however, that a number of scholars were of a very low category, some with an Intelligence Quotient as low as 35 and even less, while three proved, unfortunately, imbecile. All these cases were kept under special observation for an appreciable period, and tested from time to time by the Medical Officer.

At the close of the year it was decided that 15 children were

unlikely to benefit by further tuition, and they were accordingly excluded for the following reasons :—

(a) Imbeciles	...	...	...	3
(b) Unable to benefit by further instruction	...			10
(c) Unable to benefit without detriment to others	...	...	...	2

The result has been beneficial to the school, and the general tone shows an upward tendency and there is noticeably less 'drag.'

The limit of age for scholars attending the school is sixteen years, but, in many cases, it is found difficult to convince parents that it is in their children's interests to stay on after reaching 14 years of age.

The benefit resulting from the extra two years training is shewn in the cases of the last three girls who left at the maximum age. The first obtained a position in a laundry and is now earning £1 per week, the second and third, employed as domestic servants, have retained their first positions for 12 months and 6 months respectively, and both are doing well.

There has not been any notable change in the curriculum compared with the past few years.

The old school garden fell a victim to the builder's requirements, and, in consequence, the boys had a valuable piece of manual training in clearing the ground for the new garden and preparing and planting it.

One of the most difficult problems, as a rule, in training the older boys is to find sufficient manual labour—the majority are over-developed in body and undeveloped in mind, and hard work to counterbalance the superfluous energy is invaluable—and prevents its flow into less desirable channels.

The elder girls are given tuition in cookery and prepare the meals for those scholars staying to dinner, and also for a number of poor children who are given free meals. It should perhaps be added that during the year a total of 2,070 free meals were provided in this way, 652 for children attending the ordinary elementary schools and 1,420 for those in attendance at the Special School."

## 18. Nursery Schools.

There are no Nursery Schools in the City.



## 19. Secondary Schools.

Dr. Moir reports concerning the Secondary Schools for girls as follows :—

“ A gratifying feature of the examinations in the two Girls' Secondary Schools is the increasing acquiescence to medical inspection.

The numbers examined were as follows :—

			<i>Barr's Hill.</i>	<i>Stoke Park.</i>
1926	...	...	355	126
1927	...	...	316	133
1928	...	...	391	194

The number of withdrawals over the same period were :—

			<i>Barr's Hill.</i>	<i>Stoke Park.</i>
1926	...	...	14	64
1927	...	...	9	51
1928	...	...	4	18

Thanks are due to the enthusiastic co-operation of the two Head Mistresses in effecting this result.”

## 20. Continuation Schools.

These have been discontinued.

## 21. Employment of Children and Young Persons.

Mr. Turner, the Superintendent Attendance Officer, kindly furnishes the following report relating to the year ending December 31st, 1928 :—

“ In accordance with the terms of the Employment of Children Bye-Laws, it is illegal to employ a child under the age of 12 years, while children between the ages of 12 and 14 years can be employed only after fulfilling certain conditions as to hours of employment and the nature of the occupation. Certain occupations, which are considered detrimental either to the child's health or morals, are prohibited. All children registered for employment have also to obtain a satisfactory medical report from the School Medical Officer.

### Children Employed in Occupations Notifiable under Bye-Laws.

At the end of 1927 the number of employed children registered in accordance with the Bye-Laws was 258

During the year 1928 the number of fresh registrations was ... .. 239

The number of children who left employment or attained the age limit (14 years) was ...	...	276
---	-----	-----

Number of employed children registered on the 31st December, 1928	...	...	...	...	221
---	-----	-----	-----	-----	-----

As in previous years, the majority of these children are engaged in the delivery of goods in connection with the wholesale and retail distributive trades.

In addition to the above, a large number of children are also employed in various occupations during the Bank Holiday Pleasure Fairs. Such employment has, of course, to be in accordance with the provisions of the Bye-Laws, but owing to the casual nature of the employment a certain amount of difficulty is experienced in enforcing the regulations.

During the year 5 cases of employment in contravention of the Bye-Laws were reported. Action was taken in each case, the employer receiving either a written or personal warning. Such warnings are usually effective, it seldom being found that an employer offends a second time.

#### **Street Trading.**

Under the Bye-Laws no boy under 15 and no girl under 16 is permitted to engage in street trading; a boy between 15 and 16 years must obtain a licence, issued by the Local Education Authority, for this purpose.

At the end of 1927 the number of boys registered in this way was two. During 1928 6 fresh licences were issued and 5 surrendered. Thus, at the end of 1928, 3 boys were licensed for street trading; in each case the boy was a news vendor.

It has been found necessary to issue three warnings for offences under the Street Trading Regulations.

#### **Licences to Children for Stage Performances.**

The Education Act, 1921, provides that no child shall take part in performances in places of public entertainment unless furnished with a licence issued in accordance with the Special Rules of the Board of Education. The licence is granted by the Local Education Authority in whose area the child lives, and is valid in England and Wales. Three applications have been received during the year on behalf of Coventry children.

It is also the duty of the Local Education Authority to see that the conditions of such licences are observed by licencees visiting the area. The majority of children who visit the City for the purpose of stage performances come in troupes. During the year 34 licensed children visited the City. In one instance it was found, during a visit to the apartments, that seven of the children were sleeping in one room—three in a full-sized bed and two in each of two single beds. The Matron was personally informed that this was considered unsatisfactory, and a letter was sent to the landlady calling her attention to the lack of accommodation. With this exception, the whole of the con-

ditions of the licences issued under the Entertainment Rules of the Board of Education were complied with.

Further supervision was provided by visits to places of amusement. During the year 16 such visits were made.

### **Juvenile Employment.**

The following extracts are taken from the Report of the Juvenile Employment Committee for the year ended 31st July, 1928 :—

The work of the Juvenile Employment Bureau has developed and increased considerably during the past year, and the interest manifested by employers and parents has continued to show good results.

The number of young persons who visited the Bureau was 1,453, as compared with 1,316 in the previous year, and again it was pleasing to note that many, especially the girls, were accompanied by their parents.

The supply of juvenile labour was, during the normal periods of employment, equal to the demand, and those who registered were, in the main, either passing from one situation to another or unable by reason of instability of character to retain their posts.

The seasonal falling off in employment in the Motor, Engineering and allied trades commenced even earlier this year than last, and it is to be feared that the period of regular employment in those industries is becoming shorter each year.

The waiting list of boys anxious to enter the building industry has continued to grow. In view of the few vacancies notified, this appears to be due chiefly to the fact that the recruitment of boys for the industry is mainly through existing building trade employees rather than the Bureau.

A register is kept at the Bureau of all boys and girls desirous of entering the service of the General Post Office as messengers or probationers respectively. Only boys under 14½ years and girls under 15 years are eligible for these posts, and where a vacancy is notified applicants are submitted in rotation from the waiting list, the final selection, of course, being at the discretion of the Postmaster.

The period under review has seen the termination of the Board of Education's share in the responsibility for the administration of the Choice of Employment Act and unemployment insurance for juveniles, for both of which the Ministry of Labour is now solely responsible.

### **Co-operation with Schools.**

The procedure for co-operation with the Elementary Schools and the Bureau established by the Committee under the old scheme has been continued.

### **Apprentices.**

Your Committee have continued to do all in their power to encourage entrance into indentured apprenticeships.

The majority of the larger firms in the City have their own apprentices' supervisor, and grant special facilities for their apprentices to attend the part-time day classes at the Technical College.



### Unemployment Insurance.

The number of Unemployment Books issued during the period from 1st August, 1927, to 31st July, 1928, was 3,217 (1,638 to boys and 1,579 to girls).

These books are exchanged annually at the close of the Insurance Year (at the beginning of July), and form the basis upon which grant is paid by the Ministry of Labour towards the expenses of administration incurred by the Local Education Authority in carrying out the duties of the scheme relating to Unemployment Insurance. The amount paid in unemployment benefit during the year was £897, an increase of £150 as compared with last year.

During the period under review the Unemployment Insurance Act, 1927, came into operation. It provided (*inter alia*) for the reduction of unemployment insurance benefit from 7/6 to 6/- per week for boys and from 6/- to 5/- per week for girls. The regulations governing the receipt of benefit were, however, modified, and new powers were conferred on the Bureau, as a result of which the administrative work has been materially changed and considerably increased.

The distinction between "Standard" and "Extended" benefit, and with it the discretionary power of the Ministry of Labour to place restrictions on the grant of benefit, came to an end, and all unemployment insurance benefit became payable as a right where the requisite conditions were satisfied. The Rota Sub-Committee, which dealt expressly with applications for extended benefit, therefore, ceased to exist, but all claimants who satisfied the conditions for receipt of benefit were interviewed periodically by officers of the Bureau.

The authorisation for payment of benefit under the old Act was performed by an officer of the Local Employment Exchange, but under the new Act all authorisation of claims to benefit is performed by an officer of the Bureau. This makes the Bureau more independent of the Local Employment Exchange, but the very happy and cordial relationship between the officers continues to exist.

### National Health Insurance.

On the 1st July, 1928, your Committee took over, on behalf of the Ministry of Health, the responsibility for franking the National Health Insurance Cards of unemployed juveniles. This extra work at times when employment is good is negligible, but when unemployment is most prevalent much additional work is entailed.

### Inspection.

The unemployment work of the Bureau was examined, and a test examination of title to benefit was conducted in November last by an Inspector from the Ministry of Labour, who expressed himself completely satisfied with the work and with the facilities accorded him to examine the records.

No claim was recommended for disallowance.

The Choice of Employment work of the Bureau was examined by another Inspector of the Ministry of Labour in May last, and he also expressed his satisfaction at the manner in which this important branch of the work was performed.

### **Co-operation with Employers.**

The Committee desire to acknowledge the continued help and support of employers.

The interest taken in, and the use made of, the Bureau has been greater than in any previous year, but your Committee feel strongly that, in the interests of all parties concerned, it would be better if all juvenile labour in the City were recruited through the Juvenile Employment Bureau rather than in the present somewhat haphazard way.

During the year Head Teachers forwarded confidential report cards in respect of 1,031 boys and 1,044 girls leaving school. An extract from the records of the School Medical Service is entered on these cards and is found extremely useful by the officers of the Bureau when advising as to the suitability or otherwise of a particular occupation.

Officers of the Bureau visit the schools and interview as many of these children as possible with reference to their future employment.

In the majority of cases it is found that a situation has been secured before the child leaves school. Where no definite choice of occupation has been made, continued attendance at school is recommended, but many parents are averse to this, as they consider that by so doing, the chance of early employment is lost, but if the employers would agree to recruit all their juvenile labour through the Bureau this objection to continued attendance at school would be removed.

Information is also given of the opportunities available at the Evening Schools, Technical College, School of Art, etc., for obtaining instruction in subjects appertaining to the child's particular occupation, and it is pleasing to note that the number of pupils attending the various Evening Schools is increasing.

Although the work of the Committee is concerned mainly with children leaving the Elementary Schools, the officers of the Bureau are consulted by a large number of parents of pupils leaving the Secondary Schools with regard to employment for their children.

## **22. Special Enquiries.**

Dr. Horwood makes the following observations:—

“Rheumatism in children still takes, unfortunately, pride of place. Is the disease infectious? This question is of great importance, because the general hospitals can only keep even a bad case a limited time, and the open-air school is unsuitable for the more serious type of case. We then are thrust back on the home, where they do not do very well. Special hospitals are urgently needed for these children.

Chorea we frequently send to the open-air school—where most of them recover—but once a child has had chorea he will not stand the complicated civilization of a town but should really live and work in the country afterwards. Both rheumatism and chorea not infrequently attack some of the most promising and

idealistic children. Rheumatism is *the* disease of school life. Growing pains and sore throats first appear, the growing pains first, in the arms and legs; and it is commonest amongst the poor but not the poorest. Infection is by way of the tonsils, teeth, and large bowel.

Chorea is almost certainly due to lack of sunlight, vitamins and calcium (this latter is readily obtained from milk).

Both types are often 'fat shy' and often refuse their breakfast, and children with these diseases invariably suffer from constipation."

### **23. Miscellaneous.**

During the year, 21 children were examined with regard to fitness for Juvenile Employment, and in addition 121 candidates for scholarships were examined.

Appended are the statistical tables asked for by the Board of Education.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

E. H. SNELL,  
School Medical Officer.

The Council House,  
Coventry.

April 16th, 1929.



## APPENDIX.

## ELEMENTARY SCHOOLS.

**Table I.—Return of Medical Inspections** (*see note a*)  
**Year ended December 31st, 1928.**

**A.—ROUTINE MEDICAL INSPECTIONS.**

Number of Code Group Inspections ( <i>see note b</i> ).					
ENTRANTS	..	..	..	..	2312
INTERMEDIATES	..	..	..	..	2306
LEAVERS	..	..	..	..	2568
TOTAL					7186
Number of other Routine Inspections ( <i>see note c</i> )					633

**B.—OTHER INSPECTIONS.**

Number of Special Inspections ( <i>see note d</i> ).	..	..	3497
Number of Re-inspections ( <i>see note e</i> ).	..	..	4471
TOTAL			7968

Notes on Table I. see page 208.

Table II.

**A.—Return of Defects found by Medical Inspection in the Year ended  
31st December, 1928.**

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
Malnutrition .. ..	6	..	13	20
Uncleanliness ( <i>See Table IV., Group V.</i> )	494	219	27	12
Skin	Ringworm—Scalp .. ..	16	59	..
	Body .. ..	3	72	..
	Scabies .. ..	24	32	2
	Impetigo .. ..	27	266	..
	Other Diseases (Non-Tuberculous)	14	8	..
Eye	Blepharitis .. ..	46	43	..
	Conjunctivitis .. ..	11	9	1
	Keratitis .. ..	..	1	..
	Corneal Opacities .. ..	1	3	..
	Defective Vision .. ..	588	416	207
Ear	Squint .. ..	48	25	16
	Other Conditions .. ..	6	15	8
	Defective Hearing .. ..	11	27	4
	Otitis Media .. ..	22	53	8
	Other Ear Diseases .. ..	287	13	1
Nose and Throat	Enlarged Tonsils only .. ..	120	188	84
	Adenoids only .. ..	63	47	47
	Enlarged Tonsils & Adenoids .. ..	511	192	87
	Other Conditions .. ..	33	32	22
Enlarged Cervical Glands (Non-Tuberculous) .. ..		1	19	27
Defective Speech .. ..		..	4	30
Teeth—Dental Diseases ( <i>see note a</i> ) .. ..		963	64	1
( <i>See Table IV., Group IV.</i> )				
Heart and Circulation	Heart Disease—			
	Organic .. ..	27	9	16
	Functional .. ..	18	3	2
Lungs	Anæmia .. ..	3	3	..
	Bronchitis .. ..	51	62	44
	Other Non-Tuberculous Diseases .. ..	..	9	8
Tuberculosis	Pulmonary —			
	Definite .. ..	..	..	..
	Suspected .. ..	3	3	10
	Non-Pulmonary			
	Glands .. ..	..	4	1
	Spine .. ..	..	..	..
	Hip .. ..	..	..	..
Nervous System	Other Bones and Joints .. ..	..	1	8
	Skin .. ..	..	..	..
	Other Forms .. ..	..	2	..
	Epilepsy .. ..	6	2	..
Deformities	Chorea .. ..	37	11	11
	Other Conditions .. ..	..	53	68
Other Defects and Diseases..	Rickets .. ..	..	3	..
	Spinal Curvature .. ..	21	11	..
	Other Forms .. ..	140	91	18
		54	40	209
				212

Notes on Table II. see page 208.

**F.—Number of Individual Children (see note b) found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).**

Group.	Number of Children.		Percentage of Children found to require Treatment. (see note d).
	Inspected. (see note c).	Found to require Treatment.	
CODE GROUPS :			
Entrants .. .. .	2312	460	19·8
Intermediates .. .. .	2306	614	26·6
Leavers .. .. .	2568	666	25·9
TOTALS ..	7186	1740	24·2
Other Routine Inspections .. .. .	633	155	24·5

Notes on Table II. see page 208.



Table III.—Return of all Exceptional Children in the Area (see note a).

	Boys	Girls.	Total.
<b>Blind</b> (see note b).			
(i.) <i>Suitable for training in a School or Class for the totally blind.</i>			
Attending Certified Schools or Classes for the Blind ..	—	2	2
Attending Public Elementary Schools (see note c) ..	—	—	—
At other Institutions .. .. .	—	1	1
At no School or Institution .. .. .	1	3	4
(ii.) <i>Suitable for training in a School or Class for the partially blind.</i>			
Attending Certified Schools or Classes for the Blind ..	2	—	2
Attending Public Elementary Schools (see note c) ..	3	3	6
At other Institutions .. .. .	—	—	—
At no School or Institution .. .. .	—	1	1
<b>Deaf</b> (see note d).			
(i.) <i>Suitable for training in a School or Class for the totally deaf or deaf and dumb.</i>			
Attending Certified Schools or Classes for the Deaf ..	6	9	15
Attending Public Elementary Schools (see note c) ..	—	—	—
At other Institutions .. .. .	—	—	—
At no School or Institution .. .. .	—	3	3
(ii.) <i>Suitable for training in a School or Class for the partially deaf.</i>			
Attending Certified Schools or Classes for the Deaf ..	—	—	—
Attending Public Elementary Schools (see note c) ..	6	1	7
At other Institutions .. .. .	—	—	—
At no School or Institution .. .. .	2	—	2
<b>Mentally Defective.</b>			
<i>Feebleminded</i> (see note e).			
Attending Certified Schools for Mentally Defective Children..	53	37	90
Attending Public Elementary Schools (see note c) ..	—	—	—
At other Institutions .. .. .	1	—	1
At no School or Institution .. .. .	2	—	2
<i>Notified to the Local Control Authority during the year.</i>			
Feebleminded .. .. .	4	4	8
Imbeciles .. .. .	7	5	12
Idiots .. .. .	—	—	—
<b>Epileptics.</b>			
<i>Suffering from severe epilepsy</i> (see note f).			
Attending Certified Special Schools for Epileptics ..	2	1	3
In Institutions other than Certified Special Schools ..	—	—	—
Attending Public Elementary Schools (see note c) ..	9	12	21
At no School or Institution .. .. .	3	1	4
<i>Suffering from epilepsy which is not severe</i> (see note g).			
Attending Public Elementary Schools (see note c) ..	10	5	15
At no School or Institution .. .. .	—	—	—

	Boys.	Girls.	Total.
<b>Physically Defective.</b>			
<i>Infectious pulmonary and glandular tuberculosis (see note h).</i>			
*At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. .	2	3	5
At other Institutions .. .. .	—	—	—
At no School or Institution .. .. .	—	—	—
<i>Non-infectious but active pulmonary and glandular tuberculosis (see note h).</i>			
*At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. .	7	3	10
At Certified Residential Open-Air Schools .. .. .	—	—	—
At Certified Day Open-Air Schools .. .. .	—	—	—
At Public Elementary Schools (see note c) .. .. .	—	—	—
At other Institutions .. .. .	—	—	—
At no School or Institution .. .. .	—	—	—
<i>Delicate Children (see note h).</i>			
At Certified Residential Open-Air Schools .. .. .	30	28	58
At Certified Day Open-Air Schools .. .. .	14	26	40
At Public Elementary Schools (see note c) .. .. .	176	192	368
At other Institutions .. .. .	—	—	—
At no School or Institution .. .. .	5	5	10
<i>Active non-pulmonary tuberculosis (see note h).</i>			
*At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .. .. .	5	5	10
At Public Elementary Schools (see note c) .. .. .	—	—	—
At other Institutions .. .. .	—	—	—
At no School or Institution .. .. .	—	—	—
<i>Crippled Children (see note h).</i>			
At Certified Hospital Schools .. .. .	—	—	—
At Certified Residential Cripple Schools .. .. .	—	—	—
At Certified Day Cripple Schools .. .. .	—	—	—
At Public Elementary Schools (see note c) .. .. .	115	125	240
At other Institutions .. .. .	—	—	—
At no School or Institution .. .. .	2	4	6

\* 13 Patients in Hertford Hill Sanatorium attended school.

Notes on Table III. see page 209.

**Table IV.—Return of Defects Treated during the Year ended  
31st December, 1928 (*see note a*).**

**TREATMENT TABLE.**

**GROUP I.—MINOR AILMENTS.**

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme ( <i>see note b</i> ).	Otherwise.	Total.
Skin :—			
Ringworm—Scalp .. ..	47	28	75
Ringworm—Body .. ..	29	46	75
Scabies .. ..	47	9	56
Impetigo .. ..	293	..	293
Other Skin Diseases ..	22	..	22
Minor Eye Defects .. ..	62	..	62
Minor Ear Defects ( <i>see note c</i> ) ..	189	..	189
Miscellaneous .. ..	31	..	31
Totals ..	720	83	803

**GROUP II.—DEFECTIVE VISION AND SQUINT.**

Number of Defects dealt with.				
Defect or Disease.	Under the Authority's Scheme ( <i>see note b</i> ).	Submitted to refraction by private practitioner, or at hospital, apart from the Authority's Scheme	Otherwise	Totals
Errors of Refraction (including Squint) .	874	..	..	874
Other Defect or Disease of the Eyes ..	59	..	..	59
Totals ..	933	..	..	933

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme .. 874

(b) Otherwise .. .. —

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme .. 737 (36 purchased by Education Committee).

(b) Otherwise .. .. —

Total cases referred for refraction 1058.



## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received operative Treatment.			Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital ( <i>see note b</i> ).	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
299	26	325	..	325

## GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist: (b) Found to require treatment 4139

Routine Age Groups.

Aged 6 1427

,, 7 1661

,, 8 1416

,, 9 1098

5602

Specials (*see note d*) 879

Total .. 6481

(c) Actually treated .. .. 3403  
(including 879 specials)(d) Re-treated during the year  
as the result of periodical  
examination (*see note e*) 1251

(2)	Half-days devoted to Inspection .. .. .	60
	,, ,, Treatment .. .. .	656
		716
(3)	Attendances made by children for treatment .. .. .	5275
(4)	Fillings, Permanent Teeth .. .. .	3019
	,, Temporary Teeth .. .. .	217
		3236
(5)	Extractions, Permanent Teeth .. .. .	447
	,, Temporary Teeth .. .. .	5558
		6005
(6)	Administrations of general anæsthetics for extractions .. .. .	—
(7)	Other operations, Permanent Teeth .. .. .	457
	,, ,, Temporary Teeth .. .. .	38
		495

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS (*see note f*).

- (i.) Average number of visits per school made during the year by the School Nurses .. .. . 3
- (ii.) Total number of examinations of children in the Schools by School Nurses .. .. . 6008
- (iii.) Number of individual children found unclean .. .. . 1956
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority .. .. . 10
- (v.) Number of cases in which legal proceedings were taken :—  
 (a) Under the Education Act, 1921 .. Nil  
 (b) Under School Attendance Byelaws .. Nil

Notes on Table IV. Groups I. to V., see page 210.

## SECONDARY SCHOOLS.

**Table I.—Return of Medical Inspections, Year ended  
31st December, 1928 (*see note a*).**

### A.—ROUTINE MEDICAL INSPECTIONS

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Number of Code Group Inspections ( <i>see note b</i> ).			
ENTRANTS (aged 10 and 11 years)	..	..	112
INTERMEDIATES (aged 12 years)	..	..	135
LEAVERS (aged 13 to 16 years)	..	..	485
			—
TOTAL	..		732
			—
Number of other Routine Inspections ( <i>see note c</i> )			—

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### B.—OTHER INSPECTIONS

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Number of Special Inspections ( <i>see note d</i> )	..	..	
Number of Re-inspections ( <i>see note e</i> )	..	..	160
			—
TOTAL	..		160
			—

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Notes on Table I. *see page* 208.

**Table II.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1928.**

DEFECT OR DISEASE.				ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
				No. of Defects.		No. of Defects.	
				Requiring treatment.	Requiring to be kept under obser- vation but not requiring treatment.	Requiring treatment.	Requiring to be kept under obser- vation but not requiring treatment.
Malnutrition .. .. .				1	..	..	..
Uncleanliness .. .. .				..	5	..	..
Skin	{	Ringworm—Scalp.. .. .	..	..	..	..	..
		Body.. .. .	..	..	..	..	..
		Scabies .. .. .	..	..	..	..	..
		Impetigo.. .. .	1	..	..	..	..
		Other Diseases (Non- Tuberculous) .. .. .	3	..	..	..	..
Eye	{	Blepharitis .. .. .	7	..	..	..	
		Conjunctivitis .. .. .	1	..	..	..	
		Keratitis .. .. .	..	..	..	..	
		Corneal Opacities.. .. .	..	..	..	..	
		Defective Vision .. .. .	74	55	..	..	
		Squint .. .. .	1	1	..	..	
Ear	{	Other Conditions .. .. .	..	..	..	..	
		Defective Hearing .. .. .	1	..	..	..	
		Otitis Media .. .. .	..	..	..	..	
		Other Ear Diseases .. .. .	54	..	..	..	
Nose and Throat	{	Enlarged Tonsils only .. .. .	..	3	..	..	
		Adenoids only .. .. .	1	2	..	..	
		Enlarged Tonsils & Adenoids .. .. .	10	6	..	..	
		Other Conditions .. .. .	3	..	..	..	
Enlarged Cervical Glands (Non-Tuber- culous) .. .. .				..	..	..	..
Defective Speech .. .. .				..	..	..	..
Teeth—Dental Diseases ( <i>see note a</i> ) .. .. .				170	..	..	..
Heart and Circula- tion	{	Heart Disease— Organic .. .. .	..	3	..	..	
		Functional .. .. .	..	3	..	..	
		Anæmia .. .. .	..	..	..	..	
Lungs	{	Bronchitis .. .. .	4	..	..	..	
		Other Non-Tuberculous Diseases .. .. .	..	..	..	..	
Tuber- culosis	{	Pulmonary— Definite .. .. .	..	..	..	..	
		Suspected .. .. .	..	..	..	..	
		Non-Pulmonary— Glands .. .. .	..	..	..	..	
		Spine .. .. .	..	..	..	..	
		Hip .. .. .	..	..	..	..	
		Other Bones and Joints .. .. .	..	..	..	..	
		Skin.. .. .	..	..	..	..	
		Other Forms .. .. .	..	..	..	..	
Nervous System	{	Epilepsy .. .. .	..	..	..	..	
		Chorea .. .. .	..	..	..	..	
		Other Conditions .. .. .	..	..	..	..	
Defor- mities	{	Rickets .. .. .	..	..	..	..	
		Spinal Curvature .. .. .	15	..	..	..	
		Other Forms .. .. .	114	..	..	..	
Other Defects and Diseases .. .. .				8	8	..	..

Notes on Table II. see page 208.



**B.—Number of individual children (*see note b*) found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).**

Group.	Number of Children,		Percentage of Children found to require Treatment (see note d).
	Inspected. (see note c).	Found to require Treatment	
CODE GROUPS :			
Entrants .. .. .	112	37	33·0
Intermediates .. .. .	135	57	42·2
Leavers .. .. .	485	146	30·1
TOTALS ..	732	240	32·8
Other Routine Inspections .. .. .	..	..	..

Notes on Table II. *see* page 52.

**Table III.—Return of all Exceptional Children in the Area (*see note a*).**

	Boys.	Girls.	Total.
<b>Physically Defective.</b>			
<i>Crippled Children (<i>see note h</i>).</i>			
At Certified Hospital Schools .. .. .	—	—	—
At Certified Residential Cripple Schools .. .. .	—	—	—
At Certified Day Cripple Schools .. .. .	—	—	—
At Secondary Schools ( <i>see note c</i> ) .. .. .	—	5	5
At other Institutions .. .. .	—	—	—
At no School or Institution .. .. .	—	—	—

Notes on Table III. *see* page 209.

**Table IV.—Return of Defects treated during the Year ended  
31st December, 1928.**

GROUP I.—MINOR AILMENTS.

NIL.

GROUP II.—DEFECTIVE VISION AND SQUINT.

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme. (see note b)	Submitted to refraction by private prac- titioner or at hospital, apart from the Authority's Scheme.	Otherwise	Total.
Errors of Refraction (including Squint) ..	37	..	..	37
Other Defect or Disease of the Eyes	1	..	..	1
Totals ..	38	..	..	38

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme .. .. 37

(b) Otherwise .. .. —

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme .. .. 37

(b) Otherwise .. .. —

Total cases referred for refraction .. .. 44

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
—	—	—	—	—

## GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were :—

(a) Inspected by the Dentist:	(b) Found to require treatment	52
Routine Age Groups Nil.	(c) Actually treated .. ..	52
Specials ( <i>see note d</i> ) 52	(d) Re-treated ( <i>see note e</i> ) ..	—
(2) Half-days devoted to Inspection .. ..	.. ..	—
„ „ Treatment (approximately) .. ..	.. ..	13
(3) Attendances made by children for treatment .. ..	.. ..	170
(4) Fillings, Permanent Teeth .. ..	.. ..	124
„ Temporary Teeth .. ..	.. ..	—
	—	124
(5) Extractions, Permanent Teeth .. ..	.. ..	25
„ Temporary Teeth .. ..	.. ..	17
	—	42
(6) Administrations of general anæsthetics for extractions ..	..	—
(7) Other operations, Permanent Teeth .. ..	.. ..	45
„ Temporary Teeth .. ..	.. ..	—
	—	45

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS (*see note f*)

- (i.) Average number of visits per School made during the year by the School Nurses .. .. Nil.
- (ii.) Total number of examinations of children in the Schools by School Nurses .. .. Nil.
- (iii.) Number of individual children found unclean .. .. Nil.
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority .. .. Nil.
- (v.) Number of cases in which legal proceedings were taken:—
- (a) Under the Education Act, 1921 .. Nil.
- (b) Under School Attendance Byelaws .. Nil.

Notes on Table IV., Groups I. to V. see page 210.



## NOTES ON TABLE I.

- (a) The return refers to a complete calendar year.
- (b) This heading relates solely to the routine medical inspection of the three ordinary age groups, *i.e.*, to medical inspection carried out:—
- (i) in compliance with Article 7 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19;
  - (ii) on the school premises (or at a place specially sanctioned by the Board under Article 44 (*h*) of the Code);
  - (iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.
- (c) Under this heading are recorded *routine* inspections, if any, of children who do not fall under the three code age-groups, *e.g.*, *routine* inspections of a fourth age-group or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for “Special” Inspection.
- (d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, *i.e.*, not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officers, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection should be entered in Part A. of Table I., and its special inspection in Part B. The inspection to be recorded under the heading of special inspections should be only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection should be recorded as a Special Inspection and not as a Re-inspection.
- (e) Under this heading the medical inspections are entered of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Inspection Clinic. The first inspection in every case is entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect is entered as a re-inspection.
- Care is taken to see that nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, should not be recorded as medical inspections. If however at any such attendance a child is also examined by one of the Authority’s Medical Officers, this should be recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance may also of course be recorded as an attendance for treatment.

## NOTES ON TABLE II.

- (a) The figures included in this space refer to the findings of the *Medical Officer* and not those resulting from dental inspection in the schools by the School Dentist. The findings of the School Dentist are recorded in Table IV., Group IV.
- (b) No individual child is counted more than once in this part of Table II., *i.e.*, under B, even if it is found to be suffering from more than one defect.
- (c) The figures in this column will of course be the same as those given in Table I. A.
- (d) The figure in this column is the percentage of the figure in column (3) of that in column (2).

## NOTES ON TABLE III.

(a) This Table is a return of all children in the area for whom the Local Education Authority are responsible and who (except in the case of children suffering from epilepsy which is not severe), have been ascertained to be blind, deaf, defective or epileptic within the meaning of Part V. of the Education Act, 1921. It is the statutory duty of every Local Education Authority formally to ascertain all defective children in their area irrespective of the actual provision now made for their instruction in Special Schools. It is assumed that every Authority will have a complete list of such children compiled from returns made continuously during the year and kept constantly up to date. In order to secure uniformity, Authorities are requested to make up this Table from their list of defective children as it stands on the last day of each calendar year.

Children who are living in residential schools in the area but who come from other areas, should not be included in this Table; but children should be included who are living in residential schools outside the area and who are being maintained there by the Authority.

*For the purpose of this Table, no child has been included whose defect has not been ascertained by the School Medical Officer or a medical member of the Authority's staff.*

The definitions of defective children as given in the Act are as follows and must be very carefully borne in mind.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

Mentally and Physically Defective children are children who, not being imbecile and not being merely dull and backward, are defective, that is to say, children who by reason of mental or physical defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of that defect of receiving benefit from instruction in such special classes or schools as under Part V. of the Act may be provided for defective children.

Epileptic children are children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary public elementary schools.

(b) For the purpose of this Return the Board require that children who are blind within the meaning of the Act should be divided into two categories, i.e., (1) those who are totally blind or so blind that they can only be appropriately taught in a school or class for totally blind children, and (2) those who though they cannot read ordinary school books, or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school or class for the partially blind.

It should be understood that children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision, are not included in this Table.

(c) It should be understood that none of the children in this Table (except children suffering from epilepsy which is not severe) ordinarily attend public elementary schools. When the heading is retained, it is merely because at present the insufficiency of Special School accommodation makes it impossible to do better for some defective children than to allow them to attend the ordinary school. No space is left for entry of children with infectious pulmonary tuberculosis attending public elementary schools as these children should of course be promptly excluded from such schools.

(d) Children who are deaf within the meaning of the Act are classified for the purpose of this Table as (1) totally deaf or so deaf that they can only be appropriately taught in a school or class for the totally deaf, and (2) partially deaf, i.e., those who can appropriately be taught in a school or class for the partially deaf.

(e) This category includes only those children for whose education and maintenance the Local Education Authority are responsible, and who are



not eligible for notification to the Local Control Authority under the Mental Deficiency Act.

(f) In this part of the Table only those children are included who are epileptic within the meaning of the Act.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary public elementary schools.

(g) In this part of the Table is entered the remainder of the epileptic children in the area, *i.e.*, children whose disease is of such a kind as not to unfit them for attendance at an ordinary public elementary school.

(h) The exact classification of physically defective is admittedly a matter of difficulty. Valuable information, however, will be obtained if School Medical Officers will record these defective children as accurately as possible under the selected sub-headings, taking care that *no child is entered under more than one sub-heading*.

#### NOTES ON TABLE IV.

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(a) The Table deals with all defects treated during the year, however they were brought to the Authority's notice, *i.e.*, whether by routine inspection, special inspection, or otherwise, during the year in question or previously.

(b) This heading includes all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority and sanctioned by the Board of Education under Sections 16 and 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to Hospitals, or by the use of hospital tickets supplied by private persons, etc., are entered under other headings.

(c) If any treatment is given for more serious diseases of the ear (*e.g.*, operative treatment in hospital) it should not be recorded here but in the body of the School Medical Officer's Annual Report.

(d) The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency. The number inspected in each age group is separately shown, as well as the total, but under "Specials" only the total number is given.

(e) It should be understood that all the cases entered under this head are also entered under head (c).

(f) A statement as to the arrangements made by the Local Education Authority for cleansing verminous children and a record of the cases in which legal proceedings were taken, is included in the body of the School Medical Officer's Report.

N.B.—Groups I.—V. above cover all the defects for which treatment is normally provided as part of the School Medical Service. Particulars as to the measures adopted by the Authority for providing treatment for other types of defect (*e.g.*, for orthopædic treatment) or for securing improvement in types of defect which do not fail to be treated under the Authority's own scheme and for which the Authority neither incur expenditure nor accept any responsibility, together with a statement of the effect of the measures taken, is included in the body of the School Medical Officer's Report. It is convenient for such particulars to follow the headings of Table II.



# INDEX.



<b>A</b>			PAGE				PAGE
Abattoir, Public	...	...	58	Chemical and Bacteriological			
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# CITY OF COVENTRY.

## DISTRIBUTION OF CASES OF INFECTIOUS DISEASE.

1927

- SCARLET FEVER.    ✱ SMALL POX.
- \* DIPHTHERIA.
- TYPHOID FEVER.
- ⊙ ENCEPHALITIS LETHARGICA.



Scale 6 Inches to a Mile







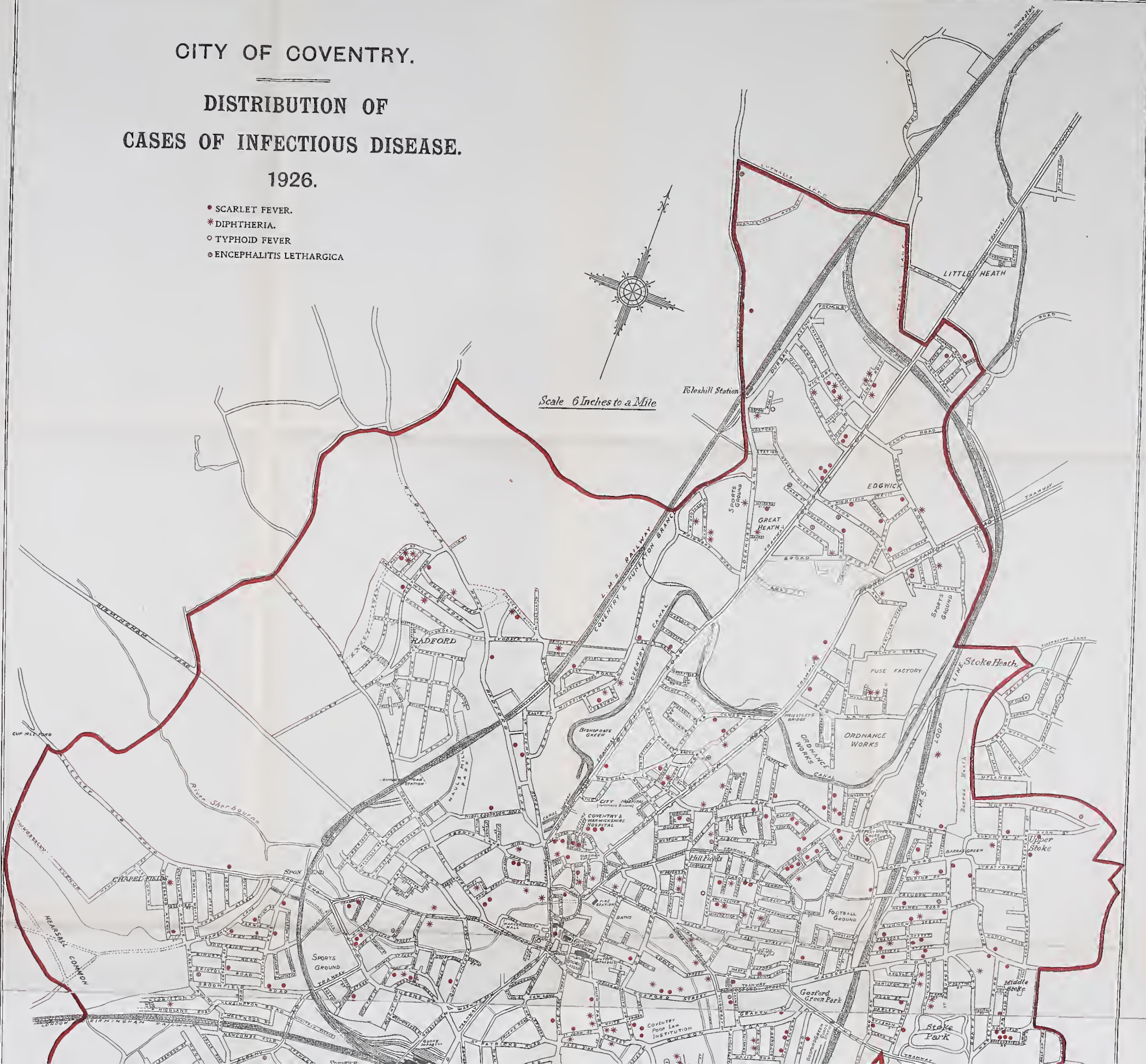


# CITY OF COVENTRY.

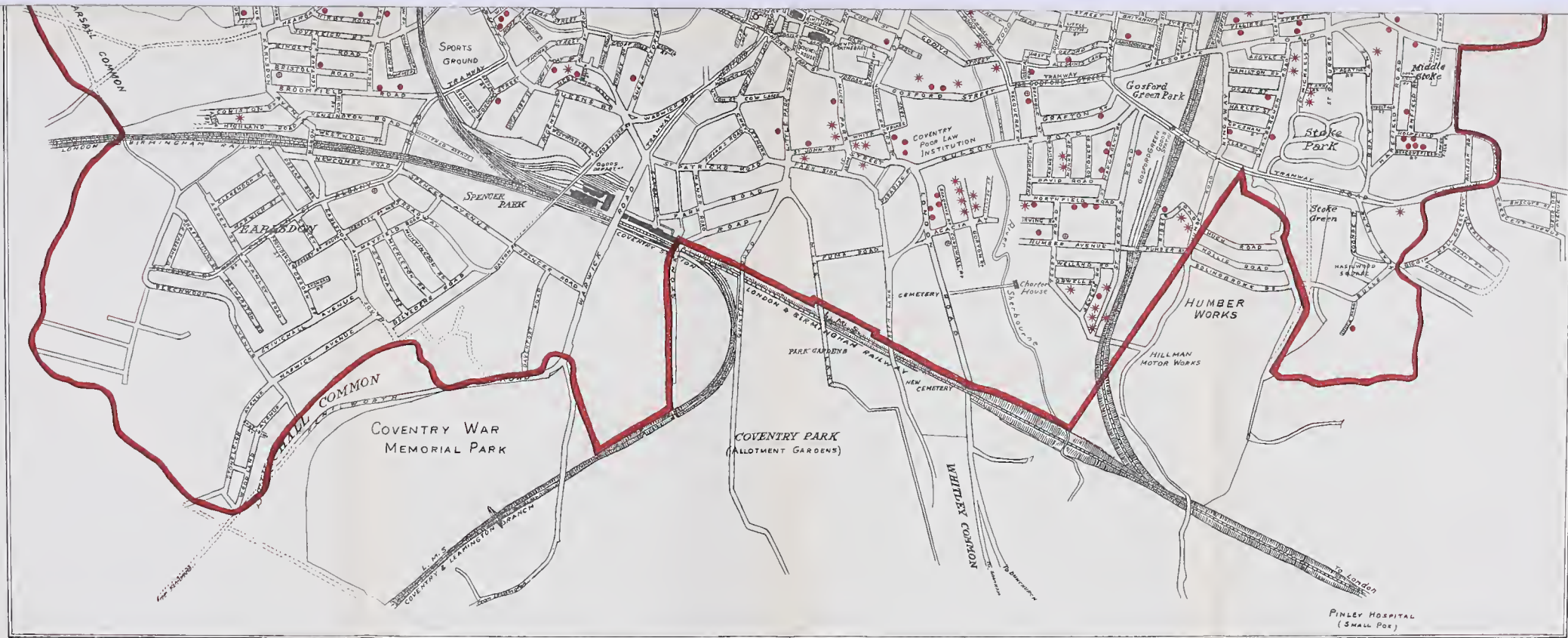
## DISTRIBUTION OF CASES OF INFECTIOUS DISEASE.

### 1926.

- SCARLET FEVER.
- \* DIPHTHERIA.
- TYPHOID FEVER
- ⊙ ENCEPHALITIS LETHARGICA









Scale 6 Inches to a Mile

Teleshill Station

RADFORD

EDGWICK

Stoke Heath

Upper Stoke

Middle Stoke

Stoke Park

Stoke Green

HUMBER WORKS

HILLMAN MOTOR WORKS

COVENTRY PARK  
(ALLOTMENT GARDENS)

COVENTRY WAR  
MEMORIAL PARK

PINLEY HOSPITAL  
(SMALL POX)

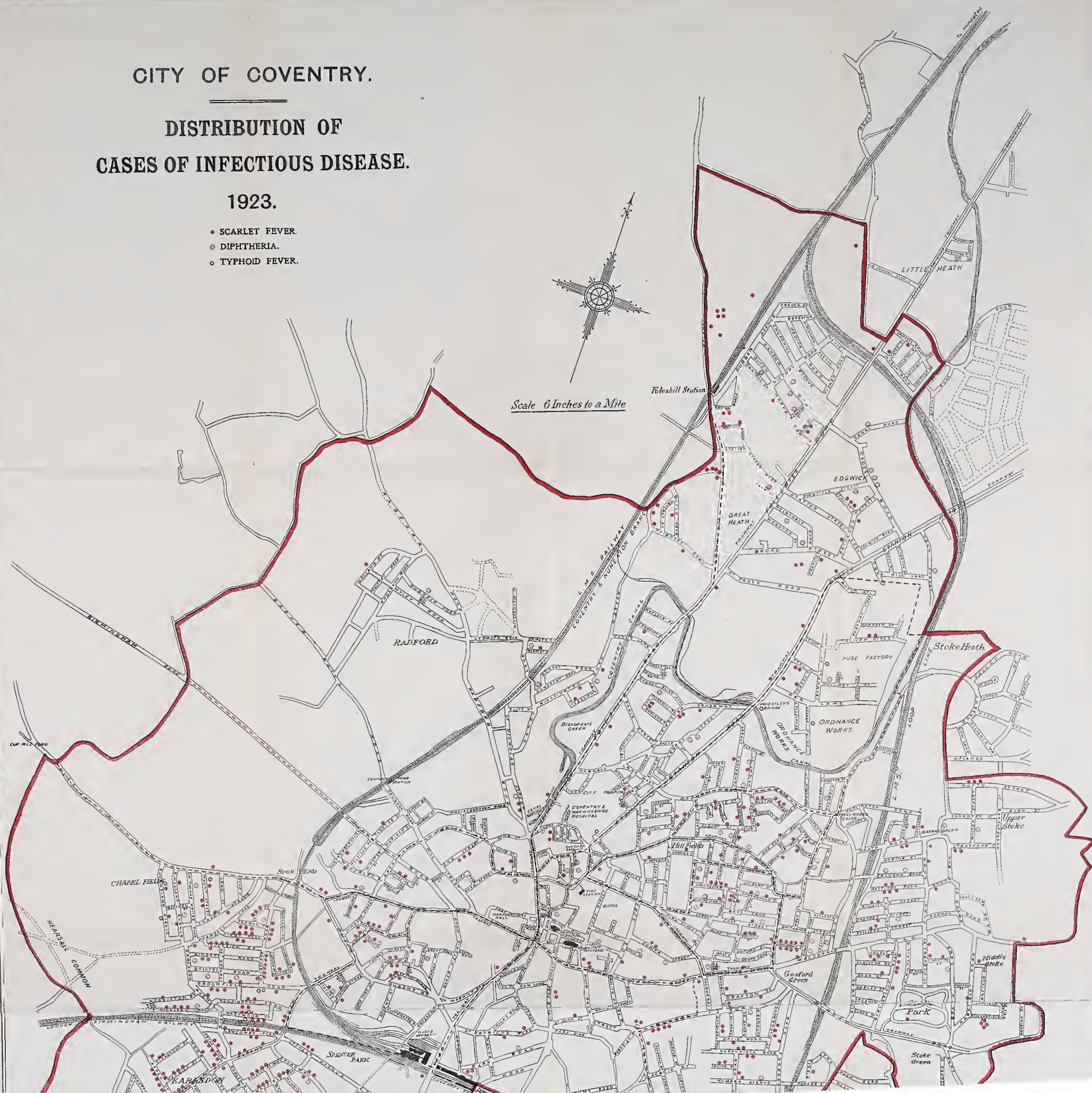


CITY OF COVENTRY.

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DISTRIBUTION OF  
CASES OF INFECTIOUS DISEASE.  
1923.

- SCARLET FEVER.
- ⊙ DIPHTHERIA.
- TYPHOID FEVER.

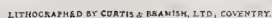




- ☼ DIPHTHERIA.

☼ DIPHTHERIA.

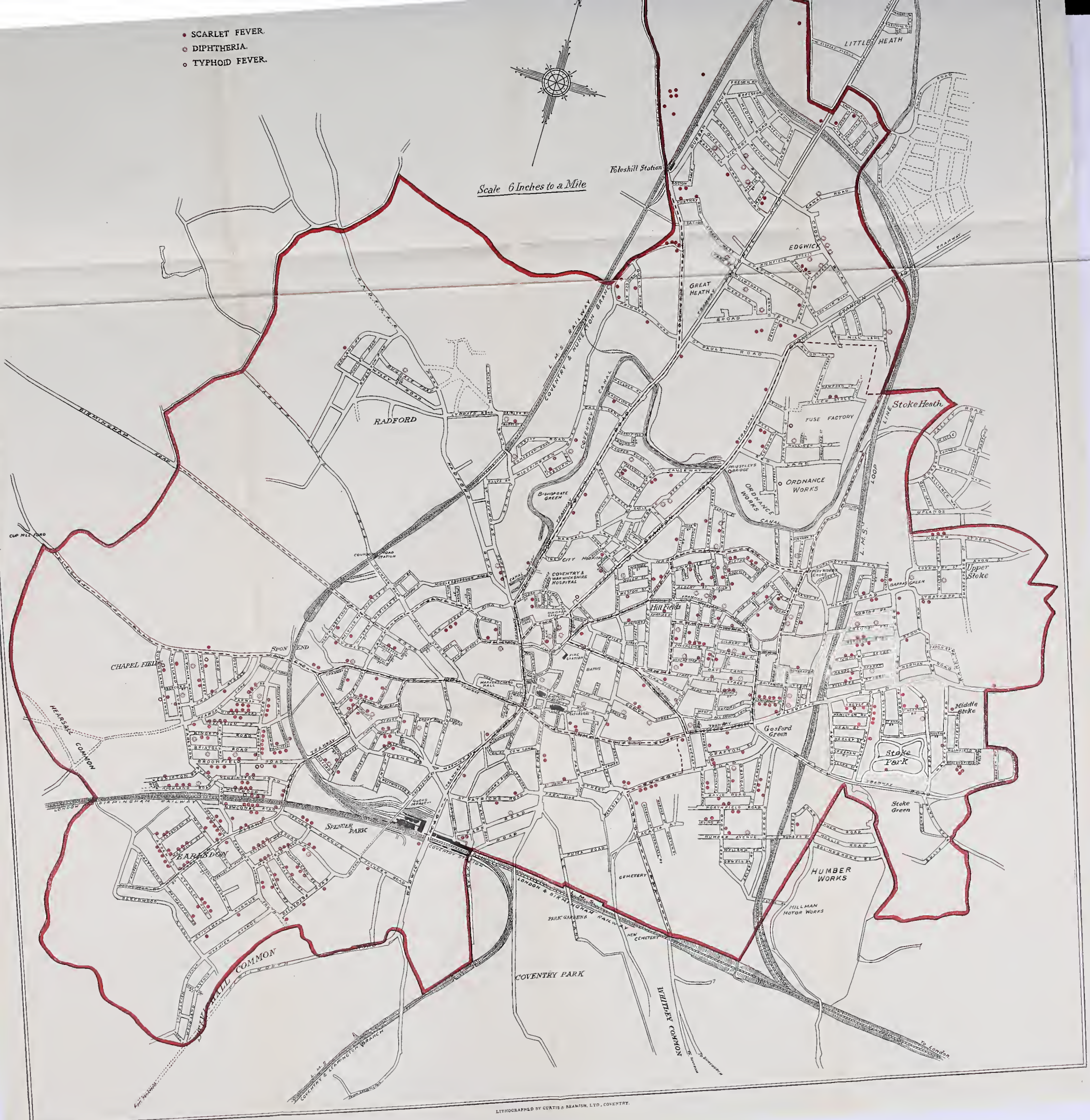
○ TYPHOID FEVER.





- SCARLET FEVER.
- ◉ DIPHTHERIA.
- ◉ TYPHOID FEVER.

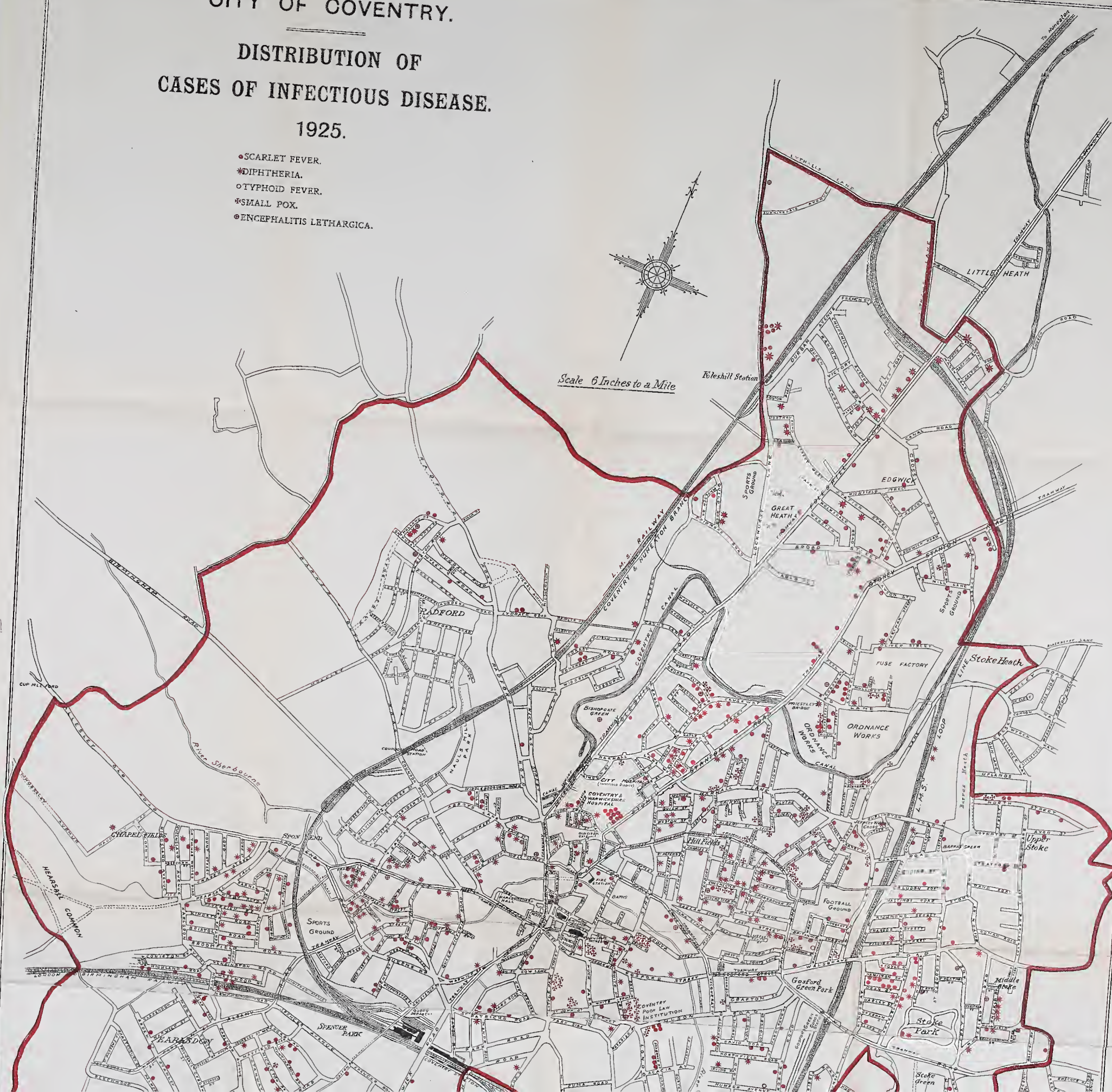
Scale 6 Inches to a Mile





CITY OF COVENTRY.  
DISTRIBUTION OF  
CASES OF INFECTIOUS DISEASE.  
1925.

- SCARLET FEVER.
- \* DIPHTHERIA.
- TYPHOID FEVER.
- \* SMALL POX.
- ENCEPHALITIS LETHARGICA.





- SCARLET FEVER.
- \* DIPHTHERIA.
- TYPHOID FEVER.
- ✱ SMALL POX.
- ⊙ ENCEPHALITIS LETHARGICA.



Scale 6 Inches to a Mile









